

# CONSENT FORM

I give Kiddie Corner Child Care Center permission for the following:

\_\_\_ Pictures and or videos of my child for the T.V, news, newspaper, webpage, Facebook page, art projects, classroom decorations etc.

\_\_\_ To take my child on supervised walks throughout the neighborhood to local parks/playgrounds etc.

\_\_\_ In case of an accident or injury, I authorize any and all emergency medical, dental, and or surgical care and hospitalization as advised by the physicians, surgeons, or hospital necessary for the proper health and well being of my child. I am responsible for providing information on my child's special health needs (Allergies, diet, disabilities, medical information etc.) to Kiddie Corner, as may be necessary to assist the facility in properly caring for my child in case of emergency.

# CHILD RELEASE AUTHORIZATION

Kiddie Corner will not release your child to anyone other than you unless written authorization is provided.

Please list below anyone you wish to give authorization to pick u your child

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE \_\_\_\_\_