



AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Kiddie Academy of Greenlawn to transport my child to Huntington Hospital and to secure for my child the necessary medical treatment. I understand the teachers in the child care center are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

CUSTODY INFORMATION:

1. Are the child's parents separated or divorced? _____
2. Is custody currently being disputed within the courts? _____
3. Who currently has legal custody of the child? _____
4. Has any court issued an order regarding custody of the child, or is custody of the child established in a Separation Agreement? _____

PLEASE provide Kiddie Academy of Greenlawn with a copy of any court appointed custody agreement or a copy of your legal separation agreement that establishes custody. Kiddie Academy provides a safe and stable environment for the children enrolled and we request that all custody disputes be addressed out of the center. Thank you for your cooperation in this matter.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE AND I AGREE TO NOTIFY THE CENTER OF ANY CHANGES IMMEDIATELY.

Signature of Parent _____

Date _____

I hereby authorize KIDDIE ACADEMY OF GREENLAWN to release my child to the following persons (other than parent):

Name	_____	Relationship	_____
Address	_____	Telephone #	_____
	_____	Cell #	_____

Name	_____	Relationship	_____
Address	_____	Telephone #	_____
	_____	Cell #	_____

Name	_____	Relationship	_____
Address	_____	Telephone #	_____
	_____	Cell #	_____

Parent Signature

Date

Director's Signature