

## **PERMISSION FORM**

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

### **EMERGENCY MEDICAL CARE**

I hereby grant permission for the staff of Tots Land to seek and obtain emergency medical care for my child, if needed. I will be responsible for the emergency medical charges upon receipt of the statement.

### **ADMINISTER PRESCRIPTION MEDICINE**

Tots Land have my permission to administer prescription medication to my child as specified in the prescription's directions for administration.

### **ADMINISTER PATENT MEDICINE**

Tots Land have my permission to administer patent medicine to my child as specified in written instructions.

### **TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES**

Tots Land have my permission to take my child on walking trips, special excursions, and to nearby public park facilities. I also authorize the child to ride as a passenger in the vehicle owned or rented by Tots Land. I understand, that all such trips are under Tots Land supervision and that health and safety precautions are taken in compliance with DCFS standards for licensure.

### **PHOTOS**

I give my permission for Tots Land to take photos of my child.

### **RELEASE OF INFORMATION**

I authorize Tots Land to give my telephone number and address to other parents.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_