

Little Panther Daycare & Preschool – Annual Update

Child's Name: _____ Birthdate: _____
Mother's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Home Email: _____ Work Email: _____
Father's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Home Email: _____ Work Email: _____

First Aid

In the event that my child may require emergency medical, dental, or surgical care while I am unable to be reached, I hereby give my consent for medical, dental, or surgical treatment to:

Doctor/Clinic Name: _____ Phone: _____
Doctor/Clinic Address: _____
Hospital Preference: _____
Dentist Name: _____ Phone: _____
Dentist Address: _____

In the event of an emergency, I authorize the Staff of Little Panther Daycare & Preschool to secure and authorize such emergency medical care and/or treatment as my child, named above, might require while under the supervision of the Staff of Little Panther Daycare & Preschool. I also agree to pay the entire costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

In an emergency please call (in case parents are unreachable):

Name/Relation: _____ Phone: _____
Name/Relation: _____ Phone: _____
Name/Relation: _____ Phone: _____

Permissions

Yes / No I give permission for my child to leave the center for fieldtrips or go on walks to nearby destinations without any additional consent.
Yes / No I give permission for my child to leave the center with the following persons named above. It is the responsibility of the parent to notify the center, in writing, of any changes.
Yes / NO I give permission for my child to be photographed. Pictures may be displayed in the center, newspapers, and/or Little Panther website.

Separation, divorce, or other custody situations the center should be aware of: _____

Parents Signature: _____ Date: _____