

**Christ Fellowship Church Child Development Center's
Annual State Licensing Parent Authorizations**

Child's Name _____ **BirthDate** _____

Emergency Medical Authorization

In case of a medical or other emergency while my child is under CFCCDC's supervision, I understand that CFCCDC staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize CFCCDC to act on my behalf and to take the emergency measures indicated below if deemed necessary by CFCCDC or by medical authorities for the care and protection of my child.

- Contact the physician or dentist named above.
- Administer First Aid and/or CPR.
- Transport my child via ambulance to a local hospital.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of CFCCDC's facility.

Parent/Guardian Signature _____ **Date** _____

Walking Trips

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. (If required by state licensing regulations, I will be given a specific permission slip for each walking trip.)

Parent/Guardian's Signature _____ **Date** _____

Field Trips (PreK and Jr. Kindergarten only)

I give permission for my child to go on field trips, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. The children will be transported in the CFCCDC vans in child safety seats. (If required by state licensing regulations, I will be given a specific permission slip for each trip.)

Parent/Guardian's Signature _____ **Date** _____

Sunscreen Application

I give permission for CFCCDC to apply Coppertone Water Babies 50SPF or NO-AD 45SPF sunscreen to the sun exposed portions of my child. If the above sunscreens are not appropriate for my child, I will provide a non-spray sunscreen to be applied and understand that my child may miss outside time until the appropriate sunscreen is provided.

Parent/Guardian's Signature _____ **Date** _____