

**Itsy Bitsy Steps Learning Center
PARENT'S AUTHORIZATION FORM**

Child's Name: _____

A. DISCIPLINE:

Do you understand the discipline policy of the day care?	YES	NO	
Does this day care use corporal punishment as discipline?	YES	NO	
If so, do you give your permission for the staff to spank your child?	YES	NO	N/A

Signature

Date

B. MEDICINE:

I give permission for prescription and non-prescription medicine to be given to my child.
(Only if necessary during school hours with written approval by an authorized physician.)

Signature

Date

C. EMERGENCY MEDICAL TREATMENT:

I give permission to _____ to obtain emergency medical treatment for my child.
Name of Daycare

Signature

Date

D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE DAY CARE:

Signature

Date

E. I give permission for my child to be transported to and from daycare. I give permission for my child to be transported on field trips.

Signature

Date

F. I give permission for my child to participate in water activities.

Signature

Date