



DISCOVER MAGICAL MOMENTS DAYCARE CENTER

Authorization Form

Parental Consent for First Aid/CPR

I understand that the staff of Discover Magical Moments Daycare Center is trained in the basics of first aid/CPR, and I authorize them to give my child first aid/CPR when appropriate.

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

Parental Consent for Immediate Medical Care

The staff of Discover Magical Moments Daycare Center will do their best to notify the parent/guardian of the situation to obtain parent/guardian preferences. If parent/guardian is unavailable Discover Magical Moments Daycare Center staff will attempt to notify the emergency contact person.

Emergency Contact Person _____
Relationship to child _____ **Phone** _____
Address _____

If unable to reach person above and myself I hereby authorize the staff of Discover Magical Moments Daycare Center to accompany my child to the nearest medical facility by ambulance (at the expense of the parent/guardian).

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

Parental Consent to Issue Syrup of Ipecac

I understand that it may be necessary for the staff of Discover Magical Moments Daycare Center to issue Syrup of Ipecac to my child if poison is ingested and the staff is following the guidance of a medical professional/Poison Control Center via phone.

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

Authorization for field trips (age appropriate) will be handed out prior to each event along with information about the trip, if you have any questions regarding any field trips please contact the Director/Asst Directors and/or Teachers.