

Authorization

I, _____ parent/legal guardian of _____
_____ aged _____

Give my permission to Cumberland County Hospital System for my child to be signed in to the Play center by: _____

(name of person signing child into the Play Center and their relationship to child)

Emergency Information for Child:

Name and phone number(s) of child's mother or guardian, relationship and number(s):

Name and phone number(s) of child's father or guardian, relationship and number(s):

Name, phone number and address of child's doctor:

Name, phone number and address of child's dentist:

Does your child have any known allergies or health concerns:

Please provide any other information concerning your child that may be helpful:

I agree that the childcare giver may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

I allow my child to participate in the Play Center

(parent or guardians signature)

(date signed)