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Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Emergency Medical Care Facility _____
Address _____ Address _____
Phone _____ Phone _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent _____ Date _____

Attendance

My child will normally be in attendance the follow days and times:

Monday from: _____ to: _____
Tuesday from: _____ to: _____
Wednesday from: _____ to: _____
Thursday from: _____ to: _____
Friday from: _____ to: _____

Special Needs

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: _____
If not applicable, initial here _____

Photo Release

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

Parent Signature _____ Date _____

Outside Employment

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Signature _____ Date _____

Social Networking

I understand that the staff at this facility are prohibited in participating in social networking activities with parents and children enrolled at the facility. (Such as Facebook, MySpace, and Twitter)

Parent Signature _____ Date _____

Parent or Legal Guardian Signature

Date