

Information & Authorization 2022-2023

Child's Name: _____ DOB: _____

Child Statistics: Please provide the most accurate information possible

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Date Measured: _____

Birthmarks: _____

Parent/Guardian Information – please print clearly – Only list custodial parents/guardians

1st Parent/Guardian

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home/Cell #: _____ cell provider: _____ initial to authorize test alerts: _____

Employer: _____ Work #: _____

Email: _____

2nd Parent/Guardian

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home/Cell #: _____ cell provider: _____ initial to authorize test alerts: _____

Employer: _____ Work #: _____

Email: _____

Custodial Information – check all that apply:

Married/Together Separated/Divorced: Custody (Mother Father Both) Legal Guardian Foster

**when applicable, attach a copy of any legal documents regarding the restriction of non-custodial parents and/or proof of legal guardianship.
We are not legally able to deny a parent access to their child without proper legal documentation.*

Emergency Contacts (minimum of 1)

In the event that we cannot reach a parent/guardian, the following people may be contacted in the event of an injury or emergency and are authorized to remove your child from Bright Beginnings Learning Center.

Full Name: _____ Relationship to child: _____ Phone: _____

Full Name: _____ Relationship to child: _____ Phone: _____

Additional Authorized Pick Up List: *The people listed below are authorized to remove your child from Bright Beginnings Learning Center*

Full Name: _____ Relationship to child: _____

Full Name: _____ Relationship to child: _____

Medical Information

Primary Physician: _____ Phone: _____ Last exam: _____

Dentist: _____ Phone: _____ Last exam: _____

Insurance

Primary Medical Insurance: _____ Subscriber name: _____

Policy #: _____ Group/Plan #: _____

Health History*My child has a history of the following: check all that apply*

____ Vision difficulties ____ Hearing difficulties ____ Diabetes ____ Heart difficulties ____ Seizures
 ____ Speech difficulties ____ Asthma ____ Seasonal Allergies ____ Other Allergies _____

Other Health concerns: _____

Medications: _____

Release Statements: (Bright Beginnings Learning Center as BBLC) initial each of the following statements**Photography Release:** I give BBLC permission to use my child's picture for secured classroom and center/group posts (classroom and digital posting). _____ initial. I give BBLC permission to use my child's picture anonymously for public use. _____ initial.**Medical Treatment Release:** I give BBLC permission, in the event that I cannot be reached in an emergency, to call an ambulance, take my child to, or contact the physical or hospital listed above for treatment/care. BBLC may authorize medical treatment or the performance of any procedure determined to be necessary, after consultation with EMS or physician, on my child. I accept all financial responsibility for necessary treatment and services for the benefit of my child's health and well-being. _____ initial.**Medication Release:** BBLC staff may administer non-prescription and prescription medications to my child. I understand that **all medications are provided by the parent/guardian, must be given to a staff member for proper storage, and must come in its original container.** Non-prescription medications include: sunscreen, OTC pain reliever, diaper creams and all ointments such as Chap Stick. _____ initial.**Liability Release:** Unforeseen events can occur at BBLC; even with appropriate staffing and planning. I agree to assume and accept all risks and hazards inherent in activities at BBLC. I agree that I will not hold this organization or its employees or volunteers liable for damages, losses, or injuries to my child to their belonging. _____ initial.**Field Trip Permission:** My child has permission to participate in near-campus walks while in the care of BBLC staff. _____ initial.**Statement of Non-Discrimination:** I acknowledge that BBLC does not discriminate on the basis of race, color, gender, national origin, ethnic origin, ability or religion. _____ initial.**Verification of Information**

I attest that the information provided above is true and accurate as of the signature date.

Parent/Guardian signature: _____ Date: _____