



431 Eldridge Road
Sugar Land, Texas 77478
(281) 242-5437

Authorization for Emergency Medical Attention

Child's Full Name

Date

I authorize the School for Little Children to contact the following person(s) in case of a medical emergency and I cannot be reached:

Name

Phone

Relationship to child

Address

City

Zip

Name

Phone

Relationship to child

Address

City

Zip

In the event that neither the child's mother nor father nor one of the persons listed above can be reached to make arrangements for medical care, I authorize the School for Little Children to transport my child to

_____ and a Bearer of this form has
Name of Hospital

my permission to have an attending physician tend to the medical needs of my child as necessary.

Child's Full Name

Date of birth

Signature of parent or legal guardian

Date

State of Texas
County of Fort Bend

On this _____ day of _____, in the year _____, before me

Notary public

_____ personally appeared _____

Person signing

providing to me, on the basis of satisfactory evidence, to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

Notary's signature

(March 2007)

Written Authorization to Release

Child's full name

Date

I will leave my child at the School for Little Children only in the presence of a staff member. I will not pick up my child from the School for Little Children without making a staff member aware of my child's departure. Other than the child's mother and/or father, the only persons authorized to pick up my child from the School for Little Children without my written permission are the following persons. I understand the the School for Little Children may refuse to release my child to any other persons. A picture ID will be required of persons other than parents to pick up the student. **State law requires that these persons be someone other than the child's mother or father.**

Name

Phone

Texas driver's license/picture ID

Address

City

Zip

Name

Phone

Texas driver's license/picture ID

Address

City

Zip

Name

Phone

Texas driver's license/picture ID

Address

City

Zip

Signature of parent or legal guardian

Date

Permission to Participate

I grant to the School for Little Children permission for my child to:

1. participate in the daily programs
2. use all learning and recreational materials and indoor/outdoor equipment connected with the programs
3. participate in evaluations conducted by the teachers, director and/or staff
4. sit for class photographs or otherwise be included in photographs made in connection with the daily programs of the School for Little Children
5. appear in photographs on the School for Little Children's website as long as name is not listed
6. leave the School for Little Children's building under the supervision of the director, administration, teachers and /or staff for strolls, neighborhood walks, field trips, fire drills or other planned activities.

Signature of parent or legal guardian

Date