B.B Dance Productions

**5323 East Independence Blvd. Suite a**

Charlotte, NC 28212

**704-563-8693**

**Summer Camp**

**Additional Pick – up Information:**

Any person not listed on the application that you designate to pick up your child must be listed in the boxes below in order for your child to be allowed to leave with that person. Additionally, any person outside of routine pick-up may be asked to show identification. Please understand this procedure is in place for the safety and security of the children.

**The following person(s) have permission to pick – up my child.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **NAME:** | **Relationship to child:** |
|  |  |
|  |  |

\*\*\*In the event of an emergency or unexpected occasion, you must phone the facility and designate the person who will be picking up your child. You will be asked for the code word. Respond with……….. “B.B. Dance 123” and leave that person’s name and relationship to the child. Please make that person aware they will be required to show identification upon arrival.

**Parent/Guardian Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication Administration Permission for Chronic Medical Conditions and Allergic Reactions**

**Child’s Name:** Child’s Date of Birth:

**1. Medicine:** Date/Day: Time: Dosage: Delivery:

Special Instructions:

**2. Medicine**: Date/Day: Time: Dosage: Delivery:

Special Instructions:

**I give authorization to B.B. Dance Productions to administer medicine and to call the health care provider if needed.**

**Parent/Guardian Signature: Date:**

**Permission for Routine Transport and Participation in Off-Site Activities of Children**

**Child’s Name:**

**I give permission for my child to be transported to and participate in off-site activities.**

**Parent/Guardian Signature: Date:**