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**Child Authorization**

**Who is authorized to pick up your child other than yourself:**

Children's Names: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission: (a check indicates permission is granted)**

\_\_\_\_\_ In an emergency, the child care provider (or substitute) has my permission to call an ambulance or to take my child to a physician, hospital, or dentist at my expense.

\_\_\_\_\_ I do not wish for my child to have medical treatment

\_\_\_\_\_ My child may be taken on field trips or excursions by bus or private automobile under supervision.

\_\_\_\_\_ My child may not be taken on field trips or excursions by bus or private automobile.

\_\_\_\_\_ My child may be photographed for publicity or news purposes.

\_\_\_\_\_ My child may not be photographed for publicity or news purposes.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date