



Performing Arts and Languages Daycare

PALS Daycare-Performing Arts and Languages

7724 SE Aspen Summit Drive

Portland, OR 97266

Phone: 503-206-6166

Authorization for Emergency Medical and First Aid

I hereby authorize the staff and director, representing PALS Daycare-Performing Arts and Languages to give consent for any and all necessary emergency medical and First Aid care for my child, _____, while he/she is in PALS Daycare-Performing Arts and Language’s custody.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

MEDICATION AUTHORIZATION

If medication is needed during childcare hours, you will need to authorization form that lists the type of medication, dosage, and frequency it should be administered. This is necessary for over the counter and prescription medication. If the medication is prescription it must have the child’s name on the prescription container. Over the counter medication also needs to be labeled

I hereby authorize the staff and director, representing PALS Daycare-Performing Arts and Languages to administer the following medication(s) _____ for my child, _____, _____ dosage, _____ times per day. This medication is over the counter /prescription (circle) while he/she is in PALS Daycare-Performing Arts and Language’s custody.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____

PALS DAYCARE-PERFORMING ARTS AND LANGUAGES PERMISSIONS

- Permission (is/is not) given for photography for publicity purposes.

Signature of Parent or Guardian: _____ **Date:** _____.

- I give permission for my child, _____, to be transported by PALS Daycare-Performing Arts Languages.

Signature of Parent or Guardian: _____ **Date:** _____.

- My child, _____, has my permission to ride the PALS Daycare-Performing Arts and languages van or bus to and/or from _____ Elementary School.

Signature of Parent or Guardian: _____ **Date:** _____.

PALS DAYCARE-PERFORMING ARTS AND LANGUAGES WOULD APPRECIATE THE RETURN OF THIS COMPLETED FORM TO THE DIRECTOR PRIOR TO CHILD’S ATTENDANCE AND UPDATED ANNUALLY.