Discoveries

Authorizations

Child's Teacher/Grade:_____ Today's Date:_____

Child's Name:_____ Date of Birth:_____

Parent/Guardian Primary Contact

Name:_____

Cell phone:_____

Parent/Guardian Secondary Contact

Name:_____

Cell Phone:_____

Please list any additional people who are authorized to pick up your child from school

Name Relationship to child Phone Number

_____

_____

_____

_____

*Please note that your child may not be released to anyone who is not authorized in writing. Authorized pick ups must bring a photo ID and present it to the teacher. You may add additional people to your list at any time.

Emergency Medical or Surgical Treatment

I hereby authorize Discoveries to secure any medical or surgical treatment in the event of an emergency and the child's parents/guardians are not available.

_____

Signature of Parent/Guardian

Social Media

We share pictures from each classroom on the Discoveries Facebook and Instagram pages. We do not include the children's names in the posts. I give permission for my child to be posted on the Discoveries Facebook and Instagram pages.

_____

Signature of Parent/Guardian