

PART IV – Emergency Contacts and Authorized Pick-ups

Secret password for "Unusual Pick-up": _____

Authorized Pick-up Person #1

Name: _____ Home #: _____ Cell #: _____

Authorized Pick-up Person #2

Name: _____ Home #: _____ Cell #: _____

Authorized Pick-up Person #3

Name: _____ Home #: _____ Cell #: _____

Authorized Pick-up Person #4

Name: _____ Home #: _____ Cell #: _____

Authorized Pick-up Person #5

Name: _____ Home #: _____ Cell #: _____



Part V – Parent Permission for Emergency Medical Treatment

In an event of a medical emergency, do you wish us to call your family physician? Yes No If yes:

Name of Physician: _____ Phone: _____

Name of Medical Center: _____

Address: _____ City: _____ State: _____ Zip: _____

Part VI – Official Paper Work Acknowledgment

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and Immunization record. (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY"
- Section 65C-22.00069(4)2. F.A.C., Requires that parents are notified in writing of the disciplinary practices used by the child care facility.
- By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Parent(s)/Guardian(s) Signature

Date

Please complete the below authorization:

I/we _____ do hereby state that I am/we are parent(s)/
Parent(s)/Guardian(s) Name

legal guardian(s) of _____, a minor, age _____ born on _____,
Child's Name Child's Age Child's DOB

who resides with me/us at _____. I/We authorize, for emergency
Home Address

purposes only, a designated employee of the center to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment, by a hospital or surgeon licensed to practice medicine in the State of _____.
State

Last known allergies (food, etc.): _____

Parent(s)/Guardian(s) Signature

Date

Center Director (Witness)

Date