

**CREATIVE CHILDREN'S CENTER
INFORMATION AND AUTHORIZATION FORM**

Be sure to fill out the front and back

Name of Child: _____ Nickname: _____ Birth date: _____

Class and Teacher: _____

Parent's Home E-mail Address: _____

PARENT(S) OR GUARDIAN(S) WHO CAN BE REACHED DURING THE DAY:

Name and Relationship: _____

Home Address: _____ Phone: _____

Occupation: _____ Employer: _____ Phone: _____

Work Hours: _____ Work Address: _____

Name and Relationship: _____

Home Address: _____ Phone: _____

Occupation: _____ Employer: _____ Phone: _____

Work Hours: _____ Work Address: _____

If parent of guardian cannot be reached, list alternatives below.:

Name & Relationship: _____

Address & Phone: _____

Next-door Neighbor: _____

Address & Phone: _____

SCHOOL PHONE BOOK AUTHORIZATION:

I give my permission to have my family's name, address and phone number included in the CCC school phone book. This phone book will be only available to registered CCC families and used for social functions only; birthday invites, etc. Solicitation is prohibited.

Signature of parent or legal guardian _____

Date _____

PHOTO AUTHORIZATION:

I give permission for my child to be photographed during classroom hours or fieldtrips. The photos will be used to document my child's work and activities. Occasionally photos may be used for publicity purposes (news releases are an example).

Signature of parent or legal guardian _____

Date _____

MEDICAL HISTORY

(Check any that your child has or has had):

- | | | |
|--|--|---|
| <input type="checkbox"/> glasses or contacts | <input type="checkbox"/> bone disease | <input type="checkbox"/> epilepsy or seizures |
| <input type="checkbox"/> skull fracture | <input type="checkbox"/> concussion | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> allergies to | <input type="checkbox"/> hearing | <input type="checkbox"/> chickenpox |
| <input type="checkbox"/> neck injury | <input type="checkbox"/> diabetes | <input type="checkbox"/> premature birth |
| <input type="checkbox"/> hernia | <input type="checkbox"/> kidney disease | |
| <input type="checkbox"/> Muscle disease | <input type="checkbox"/> fainting spells | |
| <input type="checkbox"/> currently taking medication | _____ | |
| <input type="checkbox"/> Any other serious illnesses or operations. If yes, please describe. | | |

Child's Doctor: _____ Address: _____ Phone: _____

Child's Dentist: _____ Address: _____ Phone: _____

Medical Insurance Company: _____ Policy/Group/ID numbers: _____

MEDICAL EMERGENCY AUTHORIZATION:

In case of accident requiring immediate medical care, I hereby grant my permission to Creative Children's Center to authorize ambulance and hospital care for the child named above in the event neither parent nor family doctor can be reached, or for the matter of expediency.

Signature of parent or legal guardian _____ ***Date*** _____

TRANSPORTATION AUTHORIZATION:

The following people are authorized to pick up my child. I understand that an Oregon driver's license will be required if the pickup person has not been introduced to the teacher.

Parents: _____

Others: Names and relationships:

1. _____
2. _____
3. _____
4. _____

FIELDTRIP AUTHORIZATION

(Parents are welcome to attend all trips and drive their own child).

I hereby grant my permission for my child to be taken on field trips during school hours. I understand that my child will be transported by private automobile under required supervision. I understand that I must provide an age appropriate car seat for my child on each field trip day, that I will install it correctly into the designated car and that the my child must remain in the seat while traveling. I understand that in the case of accident or injury on a fieldtrip, Creative Children's Center will not be liable for damages. (This is does not apply to the Play Pals, and Tiny Tots classes.)

Signature of parent or legal guardian _____ ***Date*** _____

Car Insurance Information-The parent driver providing transportation on field trips must have an active automobile liability insurance and a current driver's license.

Car Make and license plate number: _____ Drivers license number: _____

Insurance Company: _____ Policy number: _____