



CHILD PICK-UP AUTHORIZATION

The parent authorizes the persons listed below or guardians to pick up and drop off the child named on this enrollment form. This list is required by the Mississippi State Department of Health as outlined in the Regulations Governing Licensure of Child Care Facilities. The above named child may only be released to the individuals on this list.

Name _____	Home Telephone _____
Name _____	Home Telephone _____
Name _____	Home Telephone _____
Name _____	Home Telephone _____

SPECIAL NEEDS INFORMATION

Please list any special need that your child may have or any information that is critical to the positive development of your child.

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MISCELLANEOUS

	Yes	No	Initials
I have received a copy of the Parent Handbook and a copy of the Mississippi State Department of Health Regulations Summary for Parents. I have read both of these and understand the contents of each.	____	____	_____
Photography Authorization – I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities.	____	____	_____
I give my permission for the child listed on this application to participate in field trips sponsored by this center. I understand that I will need to sign a permission slip for each trip.	____	____	_____
I authorize this center to administer prescription and non-prescription medication as necessary for my child. I understand that medication of all types will only be administered per published instructions, obtained either from the physician or from the original container of medication.	____	____	_____
I authorize this center to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.	____	____	_____

\*Special instructions concerning your child if medical treatment is prohibited due to religious reasons:

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_