

## TINY TREASURES AUTHORIZATIONS

### **Authorization for emergency medical care** (must be obtained from the parents of each registrant)

I/We \_\_\_\_\_ hereby give my permission to \_\_\_\_\_  
to call for medical or surgical care for my child, \_\_\_\_\_ should an  
emergency arise. It is understood that a conscientious effort will be made to locate me before emergency  
action will be taken, but if this is not possible I will accept the expenses of emergency medical treatment  
or care. \_\_\_\_\_

Hospital of Choice

Address

Phone Number

Parent/Guardian

Date

Parent/Guardian

Date

Notary

Date

Expiration Date

(It is desirable, when possible, to have parents' or guardians' signatures attested by a notary public when  
They are granting emergency medical authorization.)

### **Permission for trips (optional)**

I give permission for my child to go on trips away from the premises of the childcare facility, in the  
company of a responsible adult, whether on foot or by vehicle, for neighborhood walks and other  
scheduled and unscheduled excursions. Permission forms for each trip are not required.

Parent/Guardian

Date

Parent/Guardian

Date

### **Permission for Television Viewing, Video, Computer, and Music and Movement**

Television viewing ,videos, computer, and music are important issues for parents. At Tiny Treasures TV  
and the above mentioned media can be important learning tools and must be used wisely. I/We give  
permission for my child to participate in each of the above mentioned activities for no more than 2 hours  
each day. All media used contains age-appropriate content (G or PG ratings) and will not contain vio-  
lence, profanity or other inappropriate content.

Please X for approval: Television \_\_\_\_\_ Video \_\_\_\_\_ Computer \_\_\_\_\_ Music & Movement \_\_\_\_\_

Parent/Guardian

Date

Parent/Guardian

Date