

General Permission to Participate

**Emergency Treatment Authorization
Release From Liability**

I, _____ (name of parent or guardian) give permission for my son/daughter, _____ (participant's name) to participate in activities sponsored by Travis Oaks Preschool & Mother's Day Out (a ministry of Travis Oaks Baptist Church).

Should emergency medical treatment ever be necessary, I authorize the staff and administration to act on my behalf and secure appropriate treatment for my child in the event that I cannot be reached.

Further, I do hereby release Travis Oaks Baptist Church, its officers, and all staff and administration of Travis Oaks Preschool & Mother's Day Out from any and all liability and claims in the event of any accident en-route, during, or returning from any trip or activity.

The above permissions and authorizations shall remain in force until I rescind them by giving written notice to Travis Oaks Preschool & Mother's Day Out /Travis Oaks Baptist Church.

Parent/Guardian signature _____
Date

In Case of Medical Emergency: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of emergency care facility:	Phone number:	Address:
Name of child's physician:	Phone number:	Address:

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: _____

ADMISSION REQUIREMENT: For children under 5 years of age, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:	
1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.	
_____	_____
Health Care Professional's Signature	Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
3. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit.	
4. <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.	
Name and address of health care professional:	

Signature - Parent or Legal Guardian	Date

_____ I have been informed of the state's current minimum vaccination requirements, and I (please initial) understand that I must comply within 30 days of enrollment.