



# Permission Forms

Child's Name \_\_\_\_\_

## Medical Emergency

I hereby give my consent and authorization to Lord's Lambs Child Care Center in case of injury to have a medical doctor, nurse, hospital, or clinic provide my child with medical assistance and/or treatment, or take whatever emergency measures that are deemed necessary for the care and protection of my child. I agree to be financially responsible for the cost of such assistance and/or treatment should it occur while my child is under the care of Lord's Lambs Child Care Center. This may also involve contacting a rescue unit for assistance or transportation to a hospital. (Circle one) YES NO

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Photographs

I do consent to reproduction and/or use of any photographs or video of my child by Lord's Lambs Child Care Center in all manners, including advertising, trade, display, exhibition, and any other purpose the center deems appropriate. (Circle one) YES NO

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Walking Trips

I give Lord's Lambs Child Care Center permission to take my child on supervised walking trips around the center's neighborhood. (Circle one) YES NO

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date