



CHILD authorization/medical form
 Valley City Parks & Recreation L.E.A.P.
 733 8th Ave SW/ 140 4th St SW Valley City ND 58072

FAMILY INFORMATION

Child's Name _____ Date Enrolled: _____

Preferred/Nickname of Child _____ Birth Date: _____

With whom does the child reside: Parents Mother Father Other

Who is responsible for the billing? Parents Mother Father Other

Mother's Name _____	<input type="checkbox"/> Biological Mother	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Other
Home Address _____ City, State, Zip _____			
Home Phone _____		Cell Phone _____	
Employer: _____		Employer Phone: _____	
Father's Name _____	<input type="checkbox"/> Biological Father	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Other
Home Address _____ City, State, Zip _____			
Home Phone _____		Cell Phone _____	
Employer: _____		Employer Phone: _____	

AUTHORIZATION TO RELEASE CHILD

Unless otherwise authorized by you in writing, only the parent or legal guardian may pick up your child from the L.E.A.P. List below any others you wish to authorize for this purpose.

Name: _____ Relationship to Child _____ Phone: _____

Name: _____ Relationship to Child _____ Phone: _____

Name: _____ Relationship to Child _____ Phone: _____

Unable to Pick up child:

Name: _____ Relationship to Child _____

STATEMENT OF HEALTH

Does your child have any health conditions, allergies or behavioral issues the program staff need to be aware of?

EMERGENCY AUTHORIZATION

In case of an emergency and parents cannot be reached, who should be contacted?

Name: _____ Relationship to Child _____ Work & Cell Phone: _____

Name: _____ Relationship to Child _____ Work & Cell Phone: _____

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize Valley City Parks & Recreation L.E.A.P. to secure emergency medical treatment for my child under the following conditions:

- 1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of my child and
- 2. Reasonable attempts to contact me has failed.

Parent's Signature _____ Date _____ Parent's Signature _____ Date _____

PARENT(S) STATEMENT OF DISCIPLINE

I understand that at times some form of discipline may be necessary for my child. I would prefer my child be handled as described below:

discipline must be constructive or educational in nature and may include: diversion, separation from the problem situation, talking to the child about the situation, praise for appropriate behavior and gentle physical restraint, such as holding. Children may not be subject to physical harm, fear or humiliation. NO child may be punched, spanked, shaken, pinched, bitten, roughly or struck by a childcare provider or any other adult in the Facility.

PERMISSIONS

Media Permission

No

Yes, I give permission to have photographs taken of my child in the L.E.A.P. environment for the purpose of marketing, promotional and educational purposes.

Liability Release

Yes, My Child has permission to participate in all activities held and attended by the L.E.A.P. program. I understand that Valley City parks & Recreation does not carry medical, dental or eyeglass insurance and that I will be responsible for any medical charges my child may incur. I hereby release the Valley City Parks & Recreation District from any Liability. (in order for your child to be enrolled in the program this box must be checked).

CONTRACT AGREEMENT

We, parents/guardians and students, have reviewed the L.E.A.P. program policies and procedures and understand them. By signing this contract, we parents/guardians and students, agree to abide by this agreement and the policies and procedures listed.

I understand that the provider may amend its policies and procedures and or contract by giving the parent/guardians a copy of the new or changed policies.

I understand and acknowledge that services provided by the L.E.A.P. program may be terminated and at any time for failure to abide by the programs policies and procedures.

Parent's Signature _____ Date _____ Parent's Signature _____ Date _____