



Authorization (Medical Care and Medication)

Name(s) of all child(ren): _____

EMERGENCY MEDICAL CARE

I authorize the staff of _____
to secure emergency Medical care for my child(ren) while in the care of this when I cannot be reached immediately at the time of the emergency. I will be responsible for the emergency medical charges upon receipt of the statement. First-aid may be administered by qualified program staff.

Signature of Parent(s) Legal Guardian(s) Date

ADMINISTER PRESCRIPTION MEDICINE

I authorize health and education staff and the director of _____
to Administer patent medicine to my child(ren) as specified in a doctor's written instructions.

Signature of Parent(s) Legal Guardian(s) Date

ADMINISTER PATENT MEDICINE

I authorize health and education staff and the director of _____
to Administer patent medicine to my child(ren) consistent with professionally recognized health care practices and as specified in written instructions.

Signature of Parent(s) Legal Guardian(s) Date

WALKS AND TRANSPORTATION

I authorize the staff of _____
to transport my child to and from the center for routine and emergency health care services and for walking trips. This authorization includes transportation on foot, in a licensed bus, or in licensed and insured staff vehicles. I understand that all such trips under the supervision of program staff and that health and safety precautions are taken in compliance with state laws and regulations and DCFS standards for licensing. **PERMISSION FOR FIELD TRIPS WILL BE REQUESTED ON AN INDIVIDUAL BASIS.**

Signature of Parent(s) Legal Guardian(s) Date

TAKING AND USING PHOTOGRAPHS AND VIDEOS

I authorize the staff of Illinois Migrant and Seasonal Head Start to take or arrange for photographs to be taken of my child for purposes of a historical photo record of the program, program activities, and program publicity now and in the future, locally, nationally, and in the state.

Signature of Parent(s) Legal Guardian(s) Date