

**Kidnect**  
**Child Development, LLC**

*Parent Authorizations*

**Medical:**

I hereby give my consent and authorize Kidnect Child Development, LLC to take my child to the nearest hospital or any authorized clinic for any medical or surgical care or treatment in case of an accident or sudden illness, when deemed necessary by a medical advisor or responsible persons, x-rays, the administration of necessary anesthetics and hospitalization. I have determined Kidnect Child Development, LLC competent to give or apply medication to my child upon my request. I understand that the director has the responsibility to assess the ability of staff to give or apply medication safely.

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

**Photography:**

I give my permission to the staff of Kidnect Child Development, LLC to take pictures, movies, and videos of my child. These pictures and videos may be used on Facebook, school bulletin boards, newsletters, and website without compensation. Furthermore, I consent that such photographs and/or videos shall be the property of Kidnect, which has the right to duplicate, reproduce, and make other uses as they deem necessary.

\_\_\_\_\_

Parent/ Guardian

\_\_\_\_\_

Date

**Field Trips:**

I give my consent and authorize Kidnect Child Development, LLC to take my child on walks, excursions, and field trips. I also give my permission for my child to ride as a passenger in any vehicle owned, leased, or authorized by Kidnect Child Development, LLC. I understand that school busses used for transportation do not use seat belts. Other vehicles used to transport children will follow the mandated State Transportation guidelines in relation to car seats. Children under the age of 8 years old will be in a booster/car seat. Children ages 8 and older will not use a booster/car seat.

\_\_\_\_\_

Parent/ Guardian

\_\_\_\_\_

Date

**School- Age Transportation:**

I give consent and authorize Kidnect Child Development, LLC to provide transportation to and/ or from Portal Elementary School.

\_\_\_\_\_

Parent/ Guardian

\_\_\_\_\_

Date

**Sunscreen:**

I authorize Kidnect Child Development, LLC staff to apply sunscreen between the months of May and August which I have provided whenever he/ she is to go outside.

\_\_\_\_\_

Parent/ Guardian

\_\_\_\_\_

Date