

**BRAINERD FAMILY YMCA
NEW DISCOVERIES CHILD CARE CENTER**



GENERAL PERMISSION FORM

_____ (child's name) has my permission to go on walking distance field trips to local sites and recreation areas. This form pertains to all field trips offered by New Discoveries Child Care Center.

Parent Signature

Date

AUTHORIZATION FOR MEDICAL TREATMENT

_____ (child's name)
I _____ (Parent/Guardian), authorize the staff at New Discoveries Child Care Center to request medical services during an emergency.

In an emergency, please contact _____ (primary contact)
_____ (primary contact phone)
_____ (secondary contact)
_____ (secondary contact phone)

FUN SWIM PERMISSION

I give my child permission to participate in the fun swim at the YMCA swimming pool.

Parent Signature

Date

ANTIBACTERIAL WIPES AND HAND SANITIZER

I give my child permission to use antibacterial wipes and/or hand sanitizer on their hands during field trips.

Parent Signature

Date

BRAINERD FAMILY YMCA
NEW DISCOVERIES CHILD CARE CENTER
602 Oak St.
Brainerd, MN 56401
218-454-2560



Child's Name _____

Birth Date _____

Start Day _____

Paperwork Required

- Registration form
- Emergency Authorization
- Infant/Toddler Schedule
- Immunization Form
- Health Care Summary
- Permission Form
- Assessment and orientation form

Other information-

Family Background and Interests

Primary language spoken at home

The Center Director reviewed all policies and procedures for New Discoveries Child Care Center.

Director Initials _____

Parent Signature _____ date _____