



LEARNING ACADEMY, FIRST UNITED METHODIST CHURCH GARLAND

Parental Permission Form, to be completed and attached to the Enrollment Form

**MEDICAL TREATMENT:** In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative from the Learning Academy at the First United Methodist Church to administer first aid and/or transport for \_\_\_\_\_ (my child) to Methodist Richardson Medical Center, 2831 E. President George Bush Highway, Richardson, TX, 75082. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider) and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release the Learning Academy and the First United Methodist Church, any health care provider, and any of their respective agents, employees, officers, or representatives from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SPECIAL PROBLEMS/ALLERGIES:**

Fears: \_\_\_\_\_

Foods: \_\_\_\_\_

Health: \_\_\_\_\_

**MEDIA PERMISSION:** The Learning Academy at First United Methodist Church \_\_\_\_ **HAS** or \_\_\_\_ **DOES NOT HAVE** my permission to photograph my child. Pictures would be used for display in scrapbooks, bulletin boards, slideshows, promotional materials, and/or on our website/Shutterfly site for the period my child is enrolled.

**DISPENSING EXTERNAL PREPARATIONS:** Except for first aid, personnel shall not dispense prescription or non-prescription medications to my child/children without specific written authorization from the child (or children's) physician or parent. Such authorization will include, when applicable: date, full name of child (or children), name of medication, prescription number (if any), dosage, dates to be given, time of the day to be dispensed, and signature of parent/legal guardian.

**I do give the Learning Academy at the First United Methodist Church permission to apply one or more of the following topical ointments/preparations to my child (or children) in accordance with the directions on the label of the container:** \_\_\_\_ Baby Wipes; \_\_\_\_ Band-Aids; \_\_\_\_ Neosporin or other antibiotic ointment/spray; \_\_\_\_ Sunscreen; \_\_\_\_ Insect Repellent; \_\_\_\_ Diaper Ointment; \_\_\_\_ First Aid cream/spray; \_\_\_\_ Other

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION**

I have read and accept the policies and regulations of the Learning Academy at First United Methodist Church Garland and the Learning Academy Parent Handbook, and I release the Learning Academy and the First United Methodist Church Garland from any and all liability resulting from conditions or circumstances beyond its control.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date