



CHILD'S NAME (please print): _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be contacted in an emergency, I authorize the **Bright Starts Daycare & Learning Center** staff to obtain emergency medical treatment for my child.

Guardian Signature

Date

PHOTO RELEASE

_____ I give permission for photos of my child to be used by **Bright Starts Daycare & Learning Center**, for purposes any purpose they seem fit not limited to (Website, Facebook, Instagram, Twitter).

_____ I do not wish for photos of my child to be taken and used for any reason.

Guardian Signature

Date

HOLD HARMLESS AGREEMENT

I _____ (please print name), the guardian of _____ (child's name) agree to release and hold harmless Payne Childcare LLC (dba **Bright Starts Daycare & Learning Center**), its directors, officers and employees, from any accident or harm that may occur should I retain the services of any employee for the care of my child outside the center. I understand that Bright Starts Daycare & Learning Center does not condone or encourage its employees to babysit for parents of enrolled children outside of the child care center. If I retain the services of any employee in such capacity, Bright Starts Daycare & Learning Center has no responsibility and is held harmless from any incident which may occur.

Guardian Signature

Date

TRANSPORTATION AUTHORIZATION

I _____ (please print name) the guardian of _____ (child's name) give my permission for **Bright Starts Daycare & Learning Center** to transport my child for the following reasons but not limited to (Field Trips, to and from school, emergencies) for the duration of my child's enrollment at **Bright Starts Daycare & Learning Center**.

Guardian Signature

Date