

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Child's Name: _____ Date of Birth: _____

In the event of an emergency, I authorize The Kangaroo Forest director or person in charge to administer first aid or to obtain emergency medical treatment.

Physician: _____ Address: _____ Phone: _____

Allergies: _____

Chronic or existing medical problems: _____

Medications taken regularly: _____

I authorize The Kangaroo Forest to consent to any necessary examinations, anesthetic, medical diagnosis, surgery or treatment and/or hospital care to be rendered to the above named minor under the general or specific supervision and on the advise of any physician or surgeon licensed to practice medicine.

Signature of Parent or Legal Guardian

Date

AUTHORIZATION FOR TRANSPORTATION

I hereby () give () do not give my consent for my child to be transported and supervised by The Kangaroo Forest staff on field trips and/or to and from home.

Signature of Parent or Legal Guardian

Date

AUTHORIZATION FOR WATER ACTIVITIES

I hereby () give () do not give my consent for my child to participate in water activities.
() Wading Pools () Swimming Pools () Other bodies of water provided by the facility.

Signature of Parent or Legal Guardian

Date

AUTHORIZATION FOR ADVERTISEMENT

I hereby () give () do not give my consent for my child's picture to be used in advertisement for The Kangaroo Forest.

Signature of Parent or Legal Guardian

Date