

CHILD CARE RELEASE FORM

	If emergency medical care is necessary, I hereby grant permission for any treatment deemed by a physician and/or hospital, or any first aid you deem necessary, to be administered to my child in case of emergency.*
	I hereby grant permission for my child to leave the center building and the fenced-in area to participate in activities. This can include speech and other therapy sessions and portrait sessions (held in office located next door), a walk around the block, sidewalk chalk art on the front walkway, etc. This does not include field trips, as individual permission must be granted for trips.*
	I hereby grant permission to you to use photographs of my child for school projects, displays, handbooks, the company website, and/or the company and teachers' Facebook page(s). IF YOU DO NOT AGREE PLEASE DO NOT INITIAL TO THE LEFT AND TYPE N/A HERE:*
	I hereby release, indemnify and hold SRA agents and employees harmless for any damage done to toys, clothes, or other personal articles I bring from home.*
	I give permission for my child to participate in holiday or special theme parties, which may include store bought snacks that are not listed on the center's menu.*
	I have notified SRA of all food allergies that I am aware of my child having.*
	I hereby release, indemnify, and hold SRA agents and employees harmless from any medical claims, damages or other liabilities for injuries tor damage by my child, which are not a result of gross negligence by South Rowan Academy's agents or employees.*

I agree that I have received a copy of South Rowan Academy's operational policies (in the Parent Handbook online or printed). I have also received and understand the following policies and a staff member has discussed these policies with me:

- » Summary of the North Carolina Child Care Laws and Rules
- » Discipline & Behavior Policy
- » Financial Agreement Contract
- » Smoking/Tobacco Policy (As listed below)
There is to be no smoking or tobacco use by staff or parents on the premises, including the parking lot or in vehicles used to transport children or during off premise activities.
- » Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Signature of parent / guardian* _____

Date* _____

Child's Name* _____

Today's Date* _____

Enrollment Date* _____