

**EMERGENCY AUTHORIZATION due by August 1**

**IN CASE OF EMERGENCY:** The Children’s Farm staff will call the emergency numbers for \_\_\_\_\_. If I am not available Children’s Farm staff will call 911. I expect to be notified as soon as possible.

*Parent/guardian* \_\_\_\_\_

**ETHANOL SANITIZER:** I understand that The Children’s Farm uses ethanol based hand sanitizers both indoors and outdoors in addition to routine handwashing procedures and I give my consent for my child to use these sanitizers with teacher supervision.

*Parent/guardian* \_\_\_\_\_

**EPIPEN AUTHORIZATION (complete ONLY if applicable):** The Children’s Farm staff may administer an EpiPen injection if my child requires one. I agree to meet with staff before my child begins school to set up procedures.

*Parent/guardian* \_\_\_\_\_

**MEDICATION DISCLOSURE:** I, \_\_\_\_\_, agree to notify The Children’s Farm staff within 24 hours if my child is diagnosed as having a contagious reportable disease such hand, foot and mouth disease, chicken pox, strep infections, Covid19, fifth disease, Influenza, head lice, roseola, scabies, impetigo and ringworm. I understand that the school staff will not administer medication. I also agree to inform the staff if my child is taking ANY medication, prescription or over the counter, while attending school.

*Parent/guardian* \_\_\_\_\_

**Class Directory Information: (Distributed to your child’s class only)**

Child’s Name \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_