

**MARYLHURST EARLY CHILDHOOD CENTER**  
**AUTHORIZATION FORM**

**Please fill out this form completely and legibly. In the event of an emergency, we will use the information on this document. Parents are responsible for informing the MECC office of any changes or updates to this information.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F Class: \_\_\_\_\_

Parent/Guardian1: (please print) _____		
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Address: _____		City/State/Zip _____
Occupation: _____	Employer: _____	

Parent/Guardian2: (please print) _____		
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Address: _____		City/State/Zip _____
Occupation: _____	Employer: _____	

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**In the event of a medical emergency, every effort will be made to reach parent(s). By signing this form, I/we hereby authorize and give consent for Marylhurst Early Childhood Center to obtain all medical or surgical treatment that may be required for the child. To avoid unnecessary delays if you cannot be reached, please complete the following:**

Yes  No In an emergency, MECC has my permission to call an ambulance to take my child to a hospital at my expense.

Hospital Preference: \_\_\_\_\_

Yes  No In an emergency, MECC has my permission to obtain medical treatment for my child at my expense.

My child has the following medical issues (i.e. allergies, asthma, etc.): \_\_\_\_\_

\_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Is there any information about your family culture, practices, or language that might be helpful to us in helping your child to learn and grow? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No My child may be taken on field trips by bus or car or walking, under proper supervision. Parents will be notified in advance of all trips.

Yes  No My child may have his/her picture taken and used for publicity or news purposes related to MECC.

**Persons other than parent/guardian who may be called in case of emergency or pick the child up from school. Identification may be required if the person is unknown to the MECC staff.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I hereby authorize the staff at Marylhurst Early Childhood Center to allow the above named persons to pick up my child. If there are any changes in these arrangements, I will notify the center by writing in advance.

I understand that if a court order exists to prevent parental contact, a copy of such an order must be kept on file in the MECC office.

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MECC will publish a community directory for the use by parents, staff, and board members. This directory will be used to facilitate the MECC community and will NOT be used for solicitation purposes outside of the MECC program and community.

- please include my child, class, parents' names, address and phone numbers in the directory.
- please list only my child, class, and parents' names.

MECC is now offering advertising space in the back of the directory for our MECC families!

- I would like someone to contact me about advertising my business in the MECC directory.
- No thank you

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

817 12<sup>th</sup> Street  
Oregon City, Oregon 97045