



9030 MILLER RD.
PARKER, CO 80138

303.865.7418
303.841.2076 (FAX)

WWW.PEPC.ORG
ELC@PEPC.ORG

Permission Information

Medical Authorization

In the event of an emergency, we hereby grant PEPC ELC permission to provide any first aid care deemed necessary. If we or the emergency contact people cannot be reached, the designated physician and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child and authorize the transfer of my child's health records to the hospital. We hereby agree that we will be solely responsible for and will promptly pay any expenses that may be incurred by PEPC ELC in making emergency medical treatment available for my child.

Parent/Guardian Signature _____ Date _____

General Authorization

We hereby grant PEPC ELC permission for _____ to:

- Take part in all program activities including the use of all indoor and outdoor equipment
- Be photographed or videotaped in connection with daily program activities
- Participate in water activities on the premises
- Watch videos related to curriculum
- Have diaper cream applied as needed and/or sunscreen applied if child is in aftercare
- Be taken on field trips in the school van if permission form has been signed (only applicable for TK)

Parent/Guardian Signature _____ Date _____

Internal Picture Authorization

I hereby grant permission to PEPC Early Learning Center to take my child's picture whether in still pictures or slides, motion pictures, audio and video tape, my child's photograph and/or reproductions of my child including his/her voice (which includes commentary, remarks, and/or recordings); my child's features, with or without his/her name for use within the school; such as but not limited to slide shows at programs, bulletin boards and portfolio's.

Parent/Guardian Signature _____ Date _____

External Picture Authorization

I hereby grant permission to PEPC Early Learning Center to take my child's picture whether in still pictures or slides, motion pictures, audio and video tape, my child's photograph and/or reproductions of my child including his/her voice (which includes commentary, remarks, and/or recordings); my child's features, without his/her name for advertising and publication use; such as but not limited to Facebook, mailings, and other published materials.

Parent/Guardian Signature _____ Date _____

Permission for Health Care

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____



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Hospital of Choice: Circle one or add your own:

Sky Ridge Medical Center
10101 Ridge gate Parkway
Lone Tree, Co 80124
720-225-1000

Parker Adventist
9395 Crown Crest Blvd.
Parker, CO 80138
303-269-4000

Other _____
Address _____

Phone _____

Parent Handbook Agreement

I have read, agree and will comply with all terms, policies and procedures in the Parent Handbook.

Parent/Guardian Signature _____ Date _____

Personal Information Release

I give my permission for PEPC ELC to use my name, child's name, phone number and address for a class or school directory.

Parent/Guardian Signature _____ Date _____

No Nut Policy

I understand that I may not bring any products with nuts including peanuts, cashews, almonds, walnuts, pecans, pistachios or any other kind of nut in them for my child to eat at school or to be brought in for treats.

Parent/Guardian Signature _____ Date _____

Sunscreen Policy

Students need to come to school with sunscreen applied. By signing in your child each day, you acknowledge that you have applied sunscreen to all exposed areas of your child's skin. Any child that is at the center longer than two (2) hours will have sunscreen applied to exposed skin prior to going outside. Sunscreen may be reapplied by a child over four (4) years old with the direct supervision of a staff member per licensing regulations. Sunscreen will be applied according to manufacturer instructions. The center will provide and apply Rocky Mountain Sunscreen, parents need to have a signed doctor's note with the type of sunscreen the parent will provide. Topical sunscreen is acceptable while spray sunscreen is not.

Parent/Guardian Signature _____ Date _____