



<b>For Office Use Only:</b>
Academy Code _____
alpha

## Parent Authorization

Please fill in application completely and legibly

### AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I hereby authorize the staff and director, representing Fut. Ldr. Academy to give consent for any and all necessary emergency medical and First Aid care for my child, \_\_\_\_\_, while he/she is in La Petite Academy's custody.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_\_.

Who is personally known to me or has produced \_\_\_\_\_ for identification.

Who did/did not take an oath.

**Notary Public**

My commission expires on: \_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_

**Notary Public Name (Print):** \_\_\_\_\_

My commission number is: \_\_\_\_\_

### ACADEMY PERMISSIONS

Permission (is/is not) given for photography for publicity purposes.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

I give permission for my child, \_\_\_\_\_, to be transported by the Future Leaders Academy

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

My child, \_\_\_\_\_, has my permission to ride the Future Lead. Aca. van or bus to and/or from \_\_\_\_\_ Elementary School.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

**LA PETITE ACADEMY WOULD APPRECIATE THE RETURN OF THIS COMPLETED FORM TO THE ACADEMY DIRECTOR PRIOR TO CHILD'S ATTENDANCE AND UPDATED ANNUALLY.**