

SKYLINE LAKES SUMMER PROGRAM
CHILD CARE AUTHORIZATION-2016

The undersigned parent(s), _____
(Print Parent's Names)

of _____, _____, _____
(Street Address) (City) (State)

hereby grant(s) Skyline Lakes Property Owners' Association of P.O. Box 278, Ringwood, NJ 07456, the authority to take temporary care of the following child(ren):

This grant of temporary authority shall coincide with any S.L.P.O.A. Activity and/or Program and shall remain effective until terminated by the undersigned or upon the Activity and/or Program's completion.

The above named caretaker(s) shall have the following powers:

The power to seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.

The power to authorize medical treatment or medical procedures in an emergency situation.

We agree to the following Parental Consent and Release:

To hold S.L.P.O.A., it's Agents and Employees, harmless for any injuries or other loss or damage sustained or that might be sustained by our child(ren) as a result of our child(ren)'s attendance and participation in any S.L.P.O.A. Activity, Program and/or Outings and Trips.

Please list any of the following that may apply:

ALLERGIES: _____

MEDICATION BEING TAKEN: _____

PHYSICAL IMPAIRMENTS: _____

DATE OF LAST TETANUS SHOT: _____

OTHER PERTINENT MEDICAL INFORMATION: _____

Dated: _____

(Parent's Signature)

(Parent's Signature)