



Authorization for Medical Treatment

I _____ (Parent name), give my permission to
Kids Play Garden to act on the behalf of my child
_____ (child's name) in the event that medical care is
needed. I understand that all efforts will be made to contact the emergency contact
that I, _____ (parent's name), have provided.

Parent Name (Printed) _____

Parent Signature _____ Date _____

Director Signature _____ Date _____

Policy Agreement

I have been informed of Play Garden Policies, including discipline policies, that are
available on the website and are included in the client agreement.

Parent Name (Printed) _____

Parent Signature _____ Date _____

Director Signature _____ Date _____