

Does your child have any food allergies? If so please list them below.

Please list any medical conditions we should be aware of past and present.

Permissions:

I hereby give permission for the BRDASP Staff to give my child first aid and/or CPR when necessary. I also give permission for BRDASP Staff to transport my child to a hospital or other emergency medical facility to receive emergency medical treatment.

I hereby authorize an ambulance/rescue squad attendant to administer medical treatment as necessary. I also authorize the hospital to undertake examination and emergency treatment if warranted on my child's behalf.

Photography and video tape may be used at BRDASP. By signing below I hereby give BRDASP my permission to photograph or video tape my child. Please note that these images will only be used for in house projects and/or future advertising.

Occasionally we will be heading out on a field trip to such places as but not limited to the Library, the Church (to see a movie), and the grocery store. By signing below I hereby release the Town of Brownfield, their employees, volunteers, and the BRDASP staff of any and all liability.

Please note that this application form must be updated whenever any of the information changes.

I have hereby completed this application to the best of my knowledge and ability. All of the above information is complete and accurate.

Parent or guardian's signature

Date