



Please Circle Which Campus: GRANT PARK CABBAGETOWN

**Parental Authorization to Dispense External Preparations  
BFTS 590-1-1-.20(1)\***

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child’s physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any, dosage; the dates to be given; the time of day to be dispensed; and signature of parent(s).

I give **Grant Park Cooperative Preschool** permission to apply one or more of the following topical ointments/preparations to my child (Name)\_\_\_\_\_ in accordance with the directions on the label of the container.

Baby Wipes	Insect Repellent
Band-aids	Neosporin or similar ointment
Bactine or similar first aid spray	Non-Prescription ointment (such as A&D, Desitin, Vaseline)
Baby powder	Sunscreen

Other (please specify)\_\_\_\_\_

Parent/Guardian Signature

Date

\*center should maintain copy in child’s file

177 Estoria Street, Atlanta, GA 30316 404.525.3578 email: [cabbagetown@gpcp.org](mailto:cabbagetown@gpcp.org)  
 501 Grant Street S.E., Atlanta, GA 30312 404.521.0440 email: [grantpark@gpcp.org](mailto:grantpark@gpcp.org)



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**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_, \_\_\_\_\_ suffer an injury or illness  
Child's Name                      Date of Birth  
while in the care of Grant Park Cooperative Preschool, Grant Park Campus, and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/we agree to keep the facility informed of changes in telephone numbers, etc. where I/we can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

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Physician/Clinic Name

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Telephone Number

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

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Signature of Parent/Guardian                      Date                      Telephone Number



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**FIELD TRIP EMERGENCY MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to notify in an emergency when parents cannot be reached:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

Child's special medical needs and conditions: \_\_\_\_\_

In the event of an emergency involving my child, and if Grant Park Cooperative Preschool cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

Please Circle Which  
PARK



Campus: GRANT  
CABBAGETOWN

PHOTO RELEASE

AND

AUTHORIZATION

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby irrevocably and perpetually permits and authorizes Grant Park Cooperative Preschool to use, broadcast, publish, and copyright for advertising, promotion, publicity, trade, merchandising, public relations, and media purposes and for any other visual representations, video tapes, or other use of his/her likeness in whole or in part, and any reproductions thereof, in all media worldwide without limitation.

Occasionally, photos will be taken of the children at the school for use within the school or on our website. We may also use photos during professional development initiatives in connection with Inspired Practices in Early Education and the North American Reggio Emilia Alliance, in the form of power point presentation, articles, etc.

I, the undersigned, am the parent/legal guardian of the below-named child/minor and as such am fully authorized to enter into this agreement on his/her behalf. I hereby release and agree to indemnify Grant Park Cooperative Preschool and its respective successors and assigns from and against any and all liability whatsoever, including without limitation claims for invasion of privacy, defamation of character or any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I do hereby waive any right that I may have to inspect or approve the finished product or any material that may be used in connection therewith or the use to which it may be applied.

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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