



# Authorization Form

\* Pin numbers will be used to sign your child in/out of the program. If you do not list a pin number, the last 4 digits of the authorized person's mobile number will be used as the default pin #. Pin numbers should be between 4 - 10 digits.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Primary Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### Parents / Guardian / Family Information

Parent /Guardian \_\_\_\_\_ Mobile \_\_\_\_\_ Pin #: \_\_\_\_\_  
Work Address \_\_\_\_\_ Work \_\_\_\_\_  
Parent /Guardian \_\_\_\_\_ Mobile \_\_\_\_\_ Pin #: \_\_\_\_\_  
Work Address \_\_\_\_\_ Work \_\_\_\_\_

### PLEASE PRINT CLEARLY

Emergency Numbers			
Name	Relationship	Phone	Pin #'s
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

If same as above CHECK HERE

Transport Authorization (by anyone other than parents)			
Name	Relationship	Phone	Pin #'s
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

By signing below I **authorize** any of the above people to pick up my child from the Red Barn Children's Center if we are unable to do so ourselves. I understand that these people would be used for emergencies such as a child's injury or illness, or Red Barn closing due to weather conditions or power failure (**PARENTS CONTACTED FIRST**). **Furthermore, we grant Red Barn staff to seek medical care for our child, should we or our designated alternatives be un-reachable by phone.** Ambulance transport for an injured child would be to Yale-New Haven Hospital or the Yale New Haven Shoreline Medical Center ER, Guilford CT.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_