



# Haddonfield Child Care

*A NJ Non-Profit Corporation  
Celebrating Over 25 Years of Caring for Children!*

## AUTHORIZATION FORM

Dear Haddonfield Child Care:

I hereby grant the following rights to \_\_\_\_\_ in program matters  
Print Name of Designate

relating to my child, \_\_\_\_\_ . Please initial all that are applicable:  
Print Name of Child

- Sign child in/out of the program
- Share the following information:
  - Behavioral issues
  - Medical/accident
  - Emotional concerns
  - Other \_\_\_\_\_
- Sign authorizations or documents
- Designate alternate person to sign child out of program
- Authorize medical treatment or medical procedures in an emergency
- Other \_\_\_\_\_

This permission will remain in effect to the end of the current school year, unless I rescind it, in writing, to the HCC office.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date