



Cari Marquez
President, Board of Directors

Melanie Santana
Executive Director

MISSION CHILD CARE CONSORTIUM, INC.
CONSENT AND RELEASE AUTHORIZATION

Child's Name: _____

Upon admission of my child at Mission Child Care Consortium, Inc. I agree and understand the regulations set forth in the center and hereby give full consent to have my child participate in walks, field trips, on public transportation and chartered buses from the center to points of interest in and out of the City limits.

I authorize the Mission Child Care Consortium, Inc. staff to call 911 emergency service in case of an accident or illness if it is a life-threatening situation in need of immediate medical attention if I am not immediately available. It is understood that a conscientious effort must be made to notify me and the agency will follow the medical instructions stated on the Child's Emergency Information Form and this Consent and Release Authorization Form. No medical treatment shall administer at the hospital without parent or doctor's forms.

I agree for my child to be photographed to assist the center with certain activities. I agree and give consent for my child to be videoed for the use of security cameras are inside and outside the facility. A video surveillance system is in place for the safety and security of the children, staff and property.

I understand that I do not hold Mission Child Care Consortium, Inc. responsible or liable for any medical emergency services for my child.

I understand that I will fully pay for medical services or treatment to my child under my medical coverage should my child need treatment. MCCC has medical insurance in case of accident on MCCC premises.

Parent/Guardian's Signature

Date

Doctor's Name Address

Doctor's Phone Number

Hospital or Medical Facility