

ENROLLMENT AND AUTHORIZATION AGREEMENT

SAN JOSE STATE UNIVERSITY CHILD DEVELOPMENT LABORATORY PRESCHOOL

Child's Name: _____ Date of Birth: _____

Parent's Name(s): _____

As a parent or legal guardian of the above named child, I agree to following and hereby authorize and give permission for all of the following:

1. I have received and read a copy of the parent handbook and agree to abide by it.
2. I understand that the law requires children's immunizations to be up to date at all times.
3. I will notify the SJSU Child Development Laboratory Preschool of any changes of phone numbers or addresses for myself and those authorized to pick up my child and of changes in persons authorized to pick up my child.
4. I have received a copy of the following: Parent Handbook, Notification of Parent's Rights, Notification of Personal Rights, CA Immunizations Requirements, and the Effects of Lead Exposure pamphlet.

I further agree to the following for my child:

1. In case of an accident or an emergency, I authorize a staff member of the SJSU Child Development Laboratory Preschool to take my child to the physician I have named or the nearest emergency hospital or clinic for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my own expense. Efforts will be made by SJSU Child Development Laboratory Preschool to advise the parent in advance of any such treatment or screening.
2. Emergency transportation, as necessary.
3. On-Campus SJSU Field trips.
4. Snacks provided by SJSU Child Development Laboratory Preschool.
5. Permission for my child to appear in photographs, videos, or other recording media.
6. Permission for SJSU Child Development Laboratory Preschool to release my name, address, and phone numbers to other enrolled parents at SJSU Child Development Laboratory Preschool.
7. In case of emergency, I do hereby authorize the SJSU Child Development Laboratory Preschool as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required by is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Parent or Guardian's Signature

Date