

CHILD CARE AUTHORIZATION FORM

For animal interaction programs, liability waivers must be signed by a parent or appointed guardian prior to participation. Any appointed guardian must provide **notarized** documentation of guardianship. You can use this form and it must be filled out entirely.

I, _____, the undersigned parent of
(print parent name)

_____, hereby grant _____
(print child name) (print guardian name)

temporary guardianship for the child named above.

This grant of temporary guardianship shall begin on _____ and remain in effect until
(date)

_____.
(date)

The above named guardian shall have the power to: **(Initial ALL that apply)**

- ___ seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- ___ authorize medical treatment or medical procedures in an emergency situation.
- ___ sign release forms for sports, field trips, or related activities.
- ___ sign any releases to authorize participation in any Animal Interaction Program activities at Theater of the Sea, not limited to the Dolphin Swim.
- ___ assume guardianship for all of the above purposes and associated activities that may pertain thereto without limitation.

Scheduled date of program(s) _____.

Please note that _____ has a specific medical condition or allergy:
(print child name)

described as _____.

(parent's signature) (date)

(notary)

Must be Notarized or send enlarged copy of drivers license as proof of signature.
FAX number 305-664-8162

June 2010