



# Pattie-Cake Christian Academy

Mrs. Dietra D. Howard

13805 NW 155<sup>th</sup> Ave.

Alachua, FL 32615

(386) 462-7194 or (352) 283-4719

[dietrahoward@windstream.net](mailto:dietrahoward@windstream.net)

## GENERAL PERMISSION FORM

I give Dietra H. Sherman DBA Pattie-Cake Christian Academy, my child's day care provider, permission to take my child, \_\_\_\_\_, off the premises of the Pattie-Cake home daycare for excursions to the park, library, store, etc. (not limited to the above listed, but will notify me of specific places where the children will be going in a given day at my time of arrival or by phone).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### MEDICAL EMERGENCY TREATMENT

I give Dietra H. Sherman DBA Pattie-Cake Christian Academy, my child's day care provider, permission to administer first aid and/or CPR to my child, \_\_\_\_\_ and/or permission for my child to be transported by car or ambulance to a hospital for emergency medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### PERMISSION TO PHOTOGRAPH

I give Dietra H. Sherman DBA Pattie-Cake Christian Academy, my child's day care provider, permission to photograph my child participating in activities in her home or while on field trips while attending Day Care.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date