



CHAMBLISS CENTER FOR CHILDREN
GROWING YOUNG LIVES 24•7•365

*I authorize the staff of the Chambliss Center for Children to act in my behalf and to secure and carry out emergency and acute medical and dental treatment as they deem necessary for my child, _____.

X _____
Parent/Guardian

Date

Chambliss Staff

Date

*I authorize my child _____ to be photographed, recorded and/or televised when the purposes of and uses of such pictures, recordings and/or films are known to and approved by the President/CEO (or his designee) of the Chambliss Center for Children.

X _____
Parent/Guardian

Date

Chambliss Staff

Date

*I authorize my child _____ during their hours of care, to be transported in vehicles owned, contracted and/or insured by Chambliss Center for Children. I understand drivers of these vehicles are to be appropriately licensed, as determined by Tennessee State Law. I understand that the purpose of such transportation has/have been approved by the President/CEO (or his designee) of the Chambliss Center for Children.

X _____
Parent/Guardian

Date

Chambliss Staff

Date

*I authorize the Chambliss Center for Children to use my cell phone number, _____ to alert me with emergency information as well as center updates.

X _____
Parent/Guardian

Date

Chambliss Staff

Date