

## PRESCHOOL Medical Authorization Form

*Complete and submit with your registration form only if it pertains to your child.*

\*\*Preschool staff will not give your child medicine unless you complete and sign this form. You are responsible for updating this form as the child's medical needs change.

<b>CHILD'S NAME</b>		<b>DATE OF BIRTH</b>
<b>Address:</b>		
<b>Medical condition or illness:</b>		
<b>For how long will your child need to take this medication?</b>		
<b>Date dispensed:</b>		
<b>NAME OF MEDICINE</b> (as described on container)	<b>WHEN TO BE GIVEN</b>	<b>DOSAGE:</b> (How much to give)
<b>Special precautions:</b>	<b>Side effects:</b>	
<b>Any other instructions:</b>		
<b>PROCEDURES TO TAKE IN AN EMERGENCY:</b>		
<b>EMERGENCY TELEPHONE NUMBERS: (parent/caregivers or other contacts)</b>		
<b>NAME &amp; RELATIONSHIP TO CHILD</b>	<b>TELEPHONE NUMBERS</b>	
<p>I understand that I must deliver the above medication personally and accept that this is a service which the school is not obliged to undertake and I hereby waive all rights of action on behalf of ourselves and/or our child of any cause of action that may arise as a result of proceeding with our request for administering medication or a medical procedure. I give permission for my child to be given the above named medication.</p>		
<b>Parent/Caregiver: NAME:</b> _____		<b>SIGNATURE:</b>
_____		
<b>DATE:</b> _____		

## Pre-Authorized Debit (PAD) Agreement

### Member Information

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### Pre-Authorized Debit (PAD) Details

I/We authorize the **Leduc Society for Christian Education** to set up new pre-authorized debit transactions for the following:

Payment amount:

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Payment Start Date:

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Payments to be made on the  10<sup>th</sup>  25<sup>th</sup> (please check one) day of each and every consecutive month.

These services are for (check one):  personal use  business use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This authority is to remain in effect until **Leduc Society for Christian Education** has received written notification from me of its change or termination. This notification must be received **at least 30 days in advance of the next pre-authorized debit** at the address below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*

*I/We have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse right, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*

**Please complete the following information OR attach a voided cheque.**

Transit No.

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Inst. No. (Route)

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Account No.

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Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Please return completed form and voided cheque (if applicable) to:

**Leduc Society for Christian Education/Covenant Christian School**

49257 Range Road 250, Leduc County, AB T4X 2T6

Phone: 780-986-8353 Fax: 780-986-8360

E-Mail: [lisa.gatzke.lsce@gmail.com](mailto:lisa.gatzke.lsce@gmail.com)



Leduc Society for Christian Education  
49257 Range Road 250  
Leduc County, AB T4X 2T6

### Preschool Credit Card Authorization Form

Name on the Card: \_\_\_\_\_

Type of Card:                      Visa                       MC

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

<u>Description</u>	<u>Date</u>	<u>Amount</u>
Cleaning Deposit	May 31/24	\$100.00

**We will only process the payment if you missed your Cleaning day.**

**By signing this form, you authorize LSCE to charge your card for the amount listed above.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_