

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.

CHILD'S NAME		DATE OF BIRTH
Address:		
Medical condition or illness:		
For how long will your child need to take this medication?		
Date dispensed:		
NAME OF MEDICINE (as described on container)	WHEN TO BE GIVEN	DOSAGE:(How much to give)
Special precautions:	Side effects:	
Any other instructions:		
PROCEDURES TO TAKE IN AN EMERGENCY:		

EMERGENCY TELEPHONE NUMBERS: (parent/caregivers or other contacts)

NAME & RELATIONSHIP TO CHILD	TELEPHONE NUMBERS

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.

Parent/Caregiver: NAME: _____ SIGNATURE: _____

DATE: _____

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 ☐ 10th ☐ 25th (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.*

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.

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



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 31/25	\$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: _____