



CARE-A-LOT CHILD CARE PROGRAM CONSENT FORM

I hereby grant my informed consent for my child _____ to participate in the program at Care-a-lot Child Care Center. To the best of my knowledge, my child has no condition which restricts his / her full participation in the center program. If in the future any restrictions are necessary, I will inform the center in writing.

A. MEDICAL RECORDS

I agree to furnish the NYS OCFS Medical Statement Form upon enrollment and with each subsequent well-child visit. Medical or other center records concerning children will not be released unless a parent requests them in writing.

B. MEDICATION AUTHORIZATION

My child may be administered physician-prescribed medication only upon the written request of the child's parent and physician. The center will have no responsibility of any kind for failure to provide requested prescribed medication, or for adverse reactions which are caused by administration of such prescribed medication.

C. ILLNESS / EMERGENCY

An ill child will be made comfortable until a parent arrives. The center will notify me of health concerns as follows:

- In cases of illness, I will be notified and possibly required to pick up my child as soon as possible or within one hour of the phone call from the center. Parents will be notified of suspected exposure to a communicable disease.
- In cases of simple injury, such as abrasion, small cuts, bumps, splinters, etc., I understand that the center staff will administer first aid. I will be informed about these incidents and the remedial actions taken. I will also be expected to assume responsibility for any expense incurred for the treatment of any illness or injury.
- In cases of medical emergency, I hereby grant permission for the center staff to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

I understand I will be called and will take responsibility for obtaining the necessary medical treatment for my child. If the center is unable to contact me in the event emergency medical treatment is required, the person I have listed as the emergency contact, or the child's physician, will be notified. If circumstances require, in the judgment of the center staff, emergency 911 will be called. The center's staff will respond as necessary until emergency help arrives.

If the center staff is unable to contact me, I give my consent for my child to be taken to the nearest hospital and for treatment by a qualified physician. I agree to assume financial responsibility for such treatment and acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on my child's condition.

D. CHILD ABUSE REPORTING

I realize that the center is mandated by New York State to report to the Office of Children and Family Services any suspicion of child abuse, neglect, or endangerment of which they may become aware, either in or outside of the center.

E. PERMISSION TO PARTICIPATE

I hereby grant permission for my child to use the play equipment available at the center and to participate in all the activities of the center. I also grant my permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks. A separate permission slip for field trips, describing the destination and arrangement, will be provided for each field trip involving transportation to and from the center.

F. PERMISSION FOR PHOTOGRAPHY

I understand that photographs of my child will only be taken with the permission of Care-a-lot Child Care, and that all children must have a current photograph in Kangarootime. This photograph will only be visible to Care-a-lot employees and is required so that staff can accurately identify and track all children in our care. Please review and complete the form "Media Release Consent Form – Child" to grant or deny permission for Care-a-lot Child Care to take and use photos of your child in social media and other areas as defined in that document.

Parent / Guardian Signature

Date