

CHILD CARE CONSENT FORM

NAME OF CHILD _____

EMERGENCY MEDICAL CARE

This authorizes Bright Smiles Daycare's Infant Suite to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement is the preferred doctor/clinic/hospital.

Signature of parent/guardian

Date

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize Bright Smiles Daycare's Infant Suite to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Signature of parent/guardian

Date

ADMINISTER OVER-THE-COUNTER MEDICINE

(Administer only in accord with the appropriate standards for licensure)

I/we authorize Bright Smiles Daycare's Infant Suite to administer over-the-counter medicine to my/our child as specified in written instructions.

Signature of parent/guardian

Date

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize Bright Smiles Daycare's Infant Suite to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Signature of parent/guardian

Date