



Authorization Forms (Updated 5/25/21)

A. Authorization for Child Pick Up

Child's Name:

You must provide all the persons you authorize to pick up your child when you are unable to. The authorized person must present a valid ID with a picture in order for the child to be released. The following persons are authorized to pick up my child(ren) from provider:

Name	Phone	Birthdate
Name	Phone	Birthdate
Name	Phone	Birthdate

 Parent/legal guardian signature Date Parent/legal guardian signature Date

B. Parent Handbook

I have read, understood, and agreed to the information in the parent handbook.

 Parent/legal guardian signature Date Parent/legal guardian signature Date

C. Privacy Permission Agreement

It is our main priority to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

- _____ Daycare staff may text message/email photos of my child to me.
- _____ I agree to not post any photos shared by daycare staff to social media (unless it is just my child in the photo).
- _____ In the case we directly text a photo to a parent, my child may appear in the background or part of the group.
- _____ Placing photos of your child around the classrooms/facility.
- _____ Placing photos of your child in photo albums for viewing by prospective clients and other families in my care (mostly likely group photos).
- _____ Using photos with your child in our promotional material (most likely group photos).
- _____ Using photos with your child in our social media (most likely group photos).
- _____ Posting artwork and other crafts that include your child's name around the class/facility.
- _____ Posting artwork and other crafts in our promotional material or social media.
(Anonymous or name credit given – please circle)
- _____ Using a surveillance system in or around the facility to ensure safety.
- _____ Listing the name of your child or other members of your family in client newsletters or posting this information on a bulletin board. (This will usually be an honoring experience and by no means used for something negative or shameful.)
- _____ Please, once again, agree to not reproduce or post photos sent to you if other children are included in the photo.

Parent/guardian signature Date Parent/guardian signature Date

C. Daniel Daycare Medical Consent Form

**Information contained on this page is CONFIDENTIAL and for School use only.*

Child's Name	Date of Birth / /	Gender M / F
Parent(s)/Guardian(s) Contacts		Phone Number
1.		() -
2.		() -
Emergency Contacts (is primary contact is unavailable)	Relation to Child	Phone Number
1.		() -
2.		() -
Child's Physician		Phone Number () -
Medic Alert (critical information such as severe allergies, diabetic, epilepsy, etc.)		
Medications *You must notify the daycare of any changes in medication or dosages throughout the year.		
Will your child need to take medication daily at daycare?		

Consent for Medication - circle Yes or No

Sunscreen	Yes / No	Acetaminophen (Tylenol)	Yes / No
Coconut Oil	Yes / No	Antihistamine (Benadryl)	Yes / No
Essential oils w/base oil	Yes / No	Bacitracin ointment	Yes / No
All natural ointments	Yes / No	Hydrocortisone Cream	Yes / No
All natural lip balm	Yes / No	Ibuprofen (Advil/Motrin)	Yes / No
Hydrogen peroxide for cuts	Yes / No	Tums	Yes / No
Disinfectant for cuts	Yes / No	Cough/sore throat lozenge	Yes / No

Authorization and Consent to Medical Treatment

Most staff are CPR certified and during school operation hours, a nurse is on site. If necessary, your child will be provided basic first aid and medication administration according to daycare/school policy. Injury assessment and intervention will include the use of topical skin antibiotic and anti-itch medication as appropriate. Pain relief medication will be administered based upon your child's level of discomfort and nature of the discomfort. Dosage will be determined by your child's weight and/or age.

I understand that my child may need medical treatment during Daniel Daycare operating hours. I hereby authorize the daycare, through the school administrator or other qualified personnel, to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the school will notify me in the event of an emergency requiring immediate medical care, and if I am unable to be notified, my child will be treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the school may be shared with emergency medical personnel.

I acknowledge my responsibility to keep my child's records current to reflect any significant changes, in writing, as they occur (telephone numbers, emergency contacts, child's physician and health status, and immunization records. I agree to notify the school if my child is exposed to any communicable disease. I understand that before medication is dispensed to my child, I must provide written authorization, with specific instructions to accurately administer the medication. Medicine must be in the original container with my child's name and dosage instructions on it brought to the daycare by parents/legal guardians.

Parent/guardian signature

Date

Parent/guardian signature

Date

D. Special Snacks

Occasionally, students will bring special snacks/treats for their birthday or the class will do an activity involving the use of food which the child may be encouraged to eat if they want to. Aside from allergies indicated on the child's application, please indicate if you would like to give your child permission to consume snacks provided by the daycare or by other children/parents.

The Daniel Daycare cannot and will not be held responsible if your child experiences any food related illnesses as a result of having consumed food on our premises.

- I understand, agree, and give my child permission to consume snacks provided by the daycare or other children/parents.
- Please do not allow my child to consume snacks provided by anyone outside of his/her family.

E. Vaccines

If and when possible, we ask that children receive all vaccine and flu shots on Friday (or the child's last day of attendance during the week). This will help prevent any spread of disease as well as give time for your child to heal during the weekend at home. Please also notify staff in the case your child needs to be monitored more closely for averse/allergic reactions (including SIDS) due to vaccines/flu shots.

- I understand.

F. Waiver and Release of Liability

The Daniel Daycare cannot be held responsible for any exposure to diseases such as and including Covid-19. Participating in the daycare program includes possible exposure to and illness from infectious diseases including but not limited to Covid-19. I knowingly and freely assume all risks associated with illness and infections diseases and release any and all liability from the Daniel Daycare.

Regarding infants, we do our best to follow the state rules and regulations for preventing SIDS during sleep time. This includes removing all toys or blankets from the crib, not using sound machines, and monitoring sleeping children periodically, and more. In the event that my child experiences an unexplained event with breathing while sleeping resulting in SIDS, I will knowingly and freely assume all injuries, damages, or death that my child may experience and release any and all liability from the Daniel Daycare.

Additionally, The Daniel Daycare cannot be held responsible for physical injuries that may occur during operating hours on the playground, in classrooms, or within the property. Participating in the daycare program includes exposure to various toys and play/learning equipment which could at any time pose a risk to your child, including but not limited to child tripping or falling while performing a range of physical activities including learning how to walk. I knowingly and freely assume all risks associated with physical injuries, damages, or death that my child may experience and release any and all liability from the Daniel Daycare.

*If you would like to keep your child off of the playground or any classroom equipment for safety reasons, please write so here:

X _____
Parent/guardian signature Date

X _____
Parent/guardian signature Date