

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
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.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP ('Go gti gpe{ 'Eqpwcev

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

| | | | |
|----------------|-------|---------|-------|
| I/we authorize | _____ | _____ | _____ |
| | Name | Address | Phone |
| and/or | _____ | _____ | _____ |
| | Name | Address | Phone |
| and/or | _____ | _____ | _____ |
| | Name | Address | Phone |

to pick up my/our child when I am/we are unavailable.

| | |
|------------|------------------------------|
| Date _____ | _____ |
| | Signature of parent/guardian |

Relationship to child

| | |
|------------|------------------------------|
| Date _____ | _____ |
| | Signature of parent/guardian |

Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize _____ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). 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. This includes the use of public transportation.

| | |
|------------|------------------------------|
| Date _____ | _____ |
| | Signature of parent/guardian |

Relationship to child

| | |
|------------|------------------------------|
| Date _____ | _____ |
| | Signature of parent/guardian |

Relationship to child

Uwpuet ggp 'Cr r dec vkkp

I/we consent to my/our child using sun screen for outdoor play.

| | |
|------------|------------------------------|
| Date _____ | _____ |
| | Signature of parent/guardian |

Relationship to child

| | |
|------------|------------------------------|
| Date _____ | _____ |
| | Signature of parent/guardian |

Relationship to child