



CONSENT FORM

Child's Name: _____ **Age:** _____

MEDICAL TREATMENT

If at any time medical treatment is required due to such circumstances as accident, sudden illness or emergency, this may be given, including anaesthetic, if necessary, by a physician or hospital. Parent will be contacted.

Yes _____ No _____ Restrictions: _____

MEDICATED CREAM

I give my permission for the caregiver to apply medicated cream such as _____ to my child as necessary. (Parent MUST provide).

Yes _____ No _____ Restrictions: _____

SUNSCREEN AND/ OR INSECT REPELLENT

I give permission for the caregiver to apply sunscreen/ insect repellent to my child. (Parent MUST provide).

Yes _____ No _____ Restrictions: _____

INFANTS TO SLEEP IN PLAYPEN

We do understand that some children have a difficult time graduating from the playpen at 18 months. We do follow the manufactures guidelines, but if your child needs to continue sleeping in playpen, we would require written permission. Your caregiver will review as needed.

I give my permission for my child _____ to sleep in a playpen.

Yes _____ No _____ Restrictions: _____

SLEEP ON MAT/ COT, IF CHILD IS OVER 18 MONTHS.

I give my permission for my child _____ to sleep on a mat.

Yes _____ No _____ Restrictions: _____

Signature of Parent or Guardian

Date