

## Parental Agreements with Child Care Facility

The \_\_\_\_\_  
(Name of Facility)  
agrees to provide day care for \_\_\_\_\_  
(Name of Child)  
on \_\_\_\_\_, beginning at \_\_\_\_\_ AM  
(Days of Week)  
and ending at \_\_\_\_\_ PM from \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast                      Morning Snack                      Lunch                      Afternoon  
Snack

Evening Snack                      Dinner                      Bedtime Snack

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Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

\_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: \_\_\_\_\_  
Parent/Guardian                      Date

SIGNED: \_\_\_\_\_  
Facility Administrator / Authorized Person                      Date