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

- over -
# CHILD PICKUP & Emergency Contact

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

I/we authorize

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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

### Sunscreen Application

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