

Consent Form

Child's Name _____

Emergency Medical Care

This authorizes Tots O' Love Childcare and Learning Center 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.

Parent Signature _____

Administer Prescription Medicine

I/we authorize Tots O' Love Childcare and Learning Center to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Parent Signature _____

Administer Over the Counter Medicine

I/we authorize Tots O' Love Childcare and Learning Center to administer over-the-counter medicine to my/our child as specified in written instructions.

Parent Signature _____

Trips, Excursions, and Public Park Facilities

I/we authorize Tots O' Love Childcare and Learning Center 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 Tots O' Love Childcare and Learning Center. I/we understand all such trips are under the supervision of Tots O' Love Childcare and Learning Center and safety precautions are taken in compliance with DCFS standards for licensure.

Parent Signature _____

Permission to Photograph/Video Record

I/we give Tots O' Love Childcare and Learning Center permission to take photographs and/or video of my child. I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity, or other purposes to help achieve the group's aims. This might include (but is not limited to) the right to use them in printed and online publicity, social media, press releases, and funding applications.

Parent Signature _____