



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 Life's Little Miracles, Inc _____
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 Life's Little Miracles, Inc _____ 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 Life's Little Miracles, Inc _____ 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

(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 Life's Little Miracles, Inc 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.

Date _____	
	Signature of parent/guardian
	Relationship to child
Date _____	
	Signature of parent/guardian
	Relationship to child

TRANSPORTATION/WALKING TO AND FROM SCHOOL/BUS STOP CONSENT FORM

My child, _____, Age _____, Will be:

_____ Walking to/from school

_____ Walking to/from the bus stop, bus, or car

_____ Riding with _____ Or _____ Before and/or after school hours. The school has been informed of this arrangement. I have been informed that the responsibility of Life's Little Miracles, Inc does not begin until my child is under direct supervision of the staff. Likewise, the daycare center's responsibility ends when my child leaves the premises. Life's Little Miracles, Inc is not responsible or liable for any children before they enter the doors of the center or after they have exited the center. If there is a change in the listed arrangements noted above, I/We will inform Life's Little Miracles, Inc

Date _____	
	Signature of parent/guardian