

State of Illinois
Department of Children and Family Services

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 Lucky Charms Daycare _____
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 Lucky Charms Daycare _____ 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 Lucky Charms Daycare _____ 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 Lucky Charms Daycare 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

SWIMMING

I/we consent to my/our child using the swimming pool of Lucky Charms Daycare _____
Name of Provider

at _____
Address

Date _____	_____
	Signature of parent/guardian

	Relationship to child
Date _____	_____
	Signature of parent/guardian

	Relationship to child

Pick Up Policy (Per DCFS Licensing Standards)

In order to comply with the DCFS Licensing Standards for Day Care Homes, all day care homes are responsible for having a written policy to explain the actions, to the guardian(s)/parent(s) of children enrolled in their care, which will occur if a child remains beyond the agreed upon pick up time – without notice from the person responsible for picking them up. An example of such an agreement follows.

We have agreed upon the time(s) you will return to my Lucky Charms Day Care for pick up. If you or a designated person fail to call and make other arrangements and don't arrive back at my home at our agreed upon time it will result in the following consequences:

A late fee of \$10.00 will be charged for every 60 minute(s) you are late. Less time may still result in a fee.

I will make FOUR attempts to call you/other responsible parties – and the designees you've listed on the 'Consent to Day Care Providers' form. I will only call those persons who can pick up, so please make sure and list any and all persons you wish to have as designees.

If I've failed to connect with anyone and your child(ren) is/are still in care I am required to contact local authorities (DCFS/Law Enforcement) and hopefully they may know your whereabouts – why you haven't contacted me. Contacting the authorities will only be utilized if all other attempts have failed and it is not my intention to place you in a position where in your parenting abilities are placed in question – it is required and will only be enacted as a last resort measure. Lastly, please remember it is my responsibility to ensure the safety of your child when they are in my care and they will not be held responsible – or feel as though they are responsible for your failure/inability to contact me.

.....

I/We, _____, parent(s) of _____ have read the previous 'pick up policy', acknowledge my/our understanding and agree to my/our responsibilities.

Signature _____

Signature _____

Date _____

Date _____

Transportation/Walking To & From School Consent
Form

My child, _____, age _____, will be:

_____ walking to/from school

_____ walking to/from a car, bus/bus stop

_____ riding with _____ or _____
before and or after school hours.

The school has been informed of this arrangement. I have been informed that the Child Care Provider's responsibility does not begin until my child is in the Day Care Home and thus under the Child Care Provider's supervision and likewise - the Provider's responsibility ends when my child leaves the premises: In other words specifically when my child leaves their care, and thus supervision - for example, when the Provider is not supervising them - before my child has entered the door at the Day Care Home/after my child has gone out the door. If there is a change in the listed arrangements noted above I/We will inform the Child Care Provider.

Signed: _____
Parent/Guardian's signature

Date: _____

Parent/Guardian's signature

Date: _____

Child Care Provider's signature

Date: _____