Parental Agreements with Child Care Facility

The ______________________________ agrees to provide day care for
(Name of Facility)

_________________________ on ____________________ ________ a.m. to ________ p.m.
(Name of Child) (Days of Week)

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

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; date and time of day
medication is to be given. 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
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.

The ______________________________ 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 am not available.

I have received a copy and agree to abide by the policies and procedures for
(Name of Facility)

I understand that the center will advise me of my child’s progress and issues relating to my child’s care as
well as any individual practices concerning my child’s special needs. I also understand that my
participation is encouraged in facility activities.

Signed: _____________________________________________ Date: _____________________
(Parent/Guardian)

Signed: _____________________________________________ Date: _____________________
(Facility Administrator/Person-In-Charge)