



## 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 Geneseo Child Care 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 Geneseo Child Care 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 Geneseo Child Care 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 Geneseo Child Care 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        |