



## Parental Agreement with Child Care Facility

The \_\_\_\_\_ agrees to provide day care for  
Facility Name

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Name of Child Month Month

on \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Day of Week Day of Week Time Time

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 that 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  
Facility Name  
 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 \_\_\_\_\_  
Facility Name

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

