



## My Little Sweetheart Corp Informed Consent

Child's Name: \_\_\_\_\_

### Access

I will have access to the center without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

### Child Release

For a child's safety, My Little Sweetheart will release a child only to parent(s)/legal guardian(s) or to the third parties I authorized below. Parents/guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

- At least two people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding box below. Emergency contacts will be contacted if parents/guardians cannot be reached.
- If the person picking up is listed below, but does not pick up the child regularly, I will notify the center verbally, in advance. Verbal authorization is not permitted for any person not listed on this form.
- If the person picking up is NOT listed below, I must notify the center/school in writing, in advance.
- Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/TOWN/STATE/ZIP CODE: \_\_\_\_\_ CITY/TOWN/STATE/ZIP CODE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTACT IN THE EVENT OF AN EMERGENCY?  YES  NO CONTACT IN THE EVENT OF AN EMERGENCY?  YES  NO

THE FOLLOWING PEOPLE (WHO ARE NOT PARENTS/GUARDIANS) ARE AUTHORIZED TO PICK UP MY CHILD.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN/STATE/ZIP CODE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_  
CONTACT IN THE EVENT OF AN EMERGENCY?  YES  NO

### **Walk Permission**

Weather permitting, children may go on walks supervised by staff in the surrounding area. Infants and young toddlers are transported in a buggy or stroller. Children may be taken to the areas listed below, which are not part of our licensed premises.

- I give permission for my child to participate in walks.
- I DO NOT give permission for my child to participate in walks.

### **Photography & Video Permission**

My Little Sweetheart Corp takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner. My Little Sweetheart regularly takes photographs and videos of children enrolled. They may be shared with you and other families in a variety of ways: on My Little Sweetheart website, via email, through ClassDojo, on Teaching Strategies® Gold (TSG), on a posting in the center, or in a parent newsletter. They may also be used to better communicate with families, to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. Additionally, they may be used for other center, general business, and marketing purposes, including online. My Little Sweetheart Corp retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment.

- I give permission for My Little Sweetheart Corp to take photographs and videos of my child and use these materials as described above.
- I give permission for My Little Sweetheart Corp to take photos and videos of my child and to only use those pictures for curriculum purposes, documenting my child's progress (TSG, ClassDojo) and communication with me and other families.

Child Illness

I (parent/guardian's name) \_\_\_\_\_ . Understand that my child (child name) \_\_\_\_\_ , while under the care at my little sweetheart daycare center, will be napping on a (please circle one) cot or crib located inside the classroom.

My napping child will have competent supervision at all times in compliance with OCFS regulations.

Please initial:

\_\_\_\_\_ I understand that I am responsible for providing the appropriate bedding for my child when in care.

\_\_\_\_\_ I the parent will be taking responsibility for taking home bedding on fridays for cleaning and returning the bedding on the following school day.

If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious; and 2) can participate in group care.

**Children's Injuries**

If my child sustains a minor injury during care, I will receive an Incident Report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is on the face or head, or requires medical attention.

**Emergency Medical Care**

If emergency medical attention is needed for my child, the center will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize My Little Sweetheart Corp to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to my preferred facility, if possible.

Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

CHILD'S HEALTH INSURANCE PROVIDER: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

**Family Guide Acknowledgement**

By signing below, I acknowledge and agree that: 1) in addition to this Informed Consent, I received the Guide or client equivalent from My Little Sweetheart Corp, as well as any center-specific information and relevant state policies; 2) it is my responsibility to read and familiarize myself with all these materials and address any questions with center management; and 3) I will abide by these materials.

PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE DATE \_\_\_\_\_