



Imagination Childcare Academy

PROGRAM CONSENT FORM

CHILD'S NAME: _____

Please Initial Next to Each Statement

A. MEDICAL RECORDS

I agree to furnish the NYS OCFS Medical Statement Form upon enrollment and with each subsequent well-child visit. _____

B. NUT FREE POLICY

I understand that some of the children in school have a severe food allergy to either peanuts and/or other nuts. It is important that there is strict avoidance to these foods in order to prevent a life-threatening allergic reaction. Any environmental exposure to peanuts and/or nuts may cause life-threatening allergic reaction that requires emergency medical treatment. I will not send any peanut or nut containing products to school with my child. _____

C. SUNSCREEN PERMISSION

I give permission for Imagination Childcare Academy staff to apply sunscreen on my child as needed. _____

D. BUG SPRAY AGREEMENT

I give permission for Imagination Childcare Academy staff to apply bug spray on my child as needed. _____

E. SHELTER-IN-PLACE

I understand that in the event that a natural disaster and/or emergency situation in the community arises, and we are notified by the authorities that it is unsafe for the children and staff to leave our facility, we will be required to Shelter-in-Place. Shelter-in-Place means that our facility will be in complete lock down, all outside doors locked and no one, including parents, will be allowed to enter or exit our facility until we receive the okay from the authorities to lift the lock down and that the danger has passed. _____

F. HEALTH POLICY

If my child or any person within my household show any of the following symptoms, I agree to keep them home for 24 hours or until the child is fever free, without fever reducing medication. _____

- | | | | |
|----------------------------------|---------------------|-------------------------|--------------|
| Fever over 100.0 | Excessive dry cough | Shortness of breath | Unusual Rash |
| Lethargic, | overly tired, | unusually calm or quiet | |
| Mild respiratory illness/ issues | Diarrea | Vomitting | |

If my child experiences any of the above symptoms during childcare, I understand that either myself, or a person I have designated as an emergency pick up, will arrive within one hour.

G. HEATH CARE PLAN

I acknowledge that I can access the center's Health Care Plan at any time on www.imaginationchildcareacademy.org _____

H. BEHAVIOR MANAGEMENT POLICY

I have reviewed the behavior management policy in the Parent Handbook. _____

I. PARENT HANDBOOK

I acknowledge that I can access the center's Parent Handbook at any time on www.imaginationchildcareacademy.org

Please Circle Yes or No

J. PHOTOGRAPH PERMISSION

I give Imagination Childcare Academy, Inc. staff permission to take my child's picture for use in the classroom. Yes No

I give Imagination Childcare Academy, Inc. staff permission to use my child's picture for the company website or brochures. Yes No

Print Parent/Caregiver Name

Parent/Caregiver Signature

Date