



## Parental Agreements with Child Care Facility

The \_\_\_\_\_ agrees to provide childcare 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):

- |  |  |
|--|--|
| <input type="checkbox"/> Breakfast       | <input type="checkbox"/> Evening Snack |
| <input type="checkbox"/> Morning Snack   | <input type="checkbox"/> Dinner        |
| <input type="checkbox"/> Lunch           | <input type="checkbox"/> Bedtime Snack |
| <input type="checkbox"/> Afternoon 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 childcare 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 facility 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: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)

Date: \_\_\_\_\_