



## PARENT PERMISSION AGREEMENT

I hereby give permission to the Little Miracles Learning Center Staff to provide simple first aid treatment to my child, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Please check the following:

- I understand that any medical or health expenses will be the responsibility of my own self.
- I understand that it is Little Miracles Learning Center's policy that my child will be immunized according to the schedule provided by the North Dakota Department of Health.
- I hereby give permission to photograph and maintain photos of my child within the Center.
- I hereby give permission to photograph my child and use photos on social media outlets (ex. Facebook, website, etc.)
- I hereby give permission to have my child's records be viewed by center management, ND State licensors, and local health consultants.
- I hereby give my child permission to use all the play equipment and participate in all the activities at Little Miracles Learning Center.
- I hereby give permission for my child to leave the building under supervision with a staff member for walks, outdoor activities, and for field trips in an authorized vehicle.
- I understand that Little Miracles Learning Center is not responsible for my child who has not been signed in, nor is responsible after my child has been signed out. For school age children, Little Miracles Learning Center will be responsible for my child once they enter the building after getting dropped off from the bussing transportation.
- I have read Little Miracles Learning Center's Parent Handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures. I understand that it is my responsibility to address any questions I may have with the Site Director and/or Owners.

Child Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_