

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes Geneseo Development & Growth, Inc.
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. Hammond Henry Hospital is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize Geneseo Development & Growth, Inc. to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize Geneseo Development & Growth, Inc. to administer over-the-counter medicine to my/our child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize			
	Name	Address	Phone
and/or			
	Name	Address	Phone
and/or			
	Name	Address	Phone

to pick up my/our child when I am/we are unavailable.

Date _____	
	Signature of parent/guardian
	Relationship to child
Date _____	
	Signature of parent/guardian
	Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize Geneseo Development & Growth, Inc. to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____	
	Signature of parent/guardian
	Relationship to child
Date _____	
	Signature of parent/guardian
	Relationship to child

AUTHORIZATION TO TRANSPORT

I/we authorize Geneseo Development & Growth, Inc. to transport to and from the Geneseo Schools for children enrolled in school.

Date _____	
	Signature of parent/guardian
	Relationship to child
Date _____	
	Signature of parent/guardian
	Relationship to child

ADMINISTER DIAPER OINTMENT

I/we authorize Geneseo Development & Growth, Inc. to administer diaper ointment when needed to my/our child as specified in the written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER SUNBLOCK

I/we authorize Geneseo Development & Growth, Inc. to administer sunblock when needed to my/our child as specified in the written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

AUTHORIZATION TO PHOTOGRAPH AND DISPLAY ON MEDIA SITES

I/we authorize Geneseo Development & Growth, Inc. to use my child's photos on the website, social media, newspaper, etc.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child