Parental Agreement with Child Care Facility

National Heritage Academies | Family Partnership in Child Care

Facility & Child Information

Name of Facility: _____

Name of Child: _____

Care will be provided on _____ (Days of Week), beginning at _____ AM and ending at _____ PM.

This agreement covers the period from _____ (Month) to _____ (Month).

Meal Plan

My child will participate in the following meals and snacks (check all that apply):

- ☐ Breakfast
- ☐ Morning Snack
- ☐ Lunch
- ☐ Afternoon Snack
- ☐ Evening Snack
- ☐ Dinner
- ☐ Bedtime Snack

Medication Authorization

Before any medication is dispensed to my child, I will provide written authorization that includes the date, name of child, name of medication, prescription number (if any), dosage, and the date and time of day the medication is to be given. Medication will be provided in its original container, clearly marked with my child's name.

Escort Policy

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), a person(s) authorized by the parent(s), or facility personnel.

Family Records Responsibility

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, including telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records.

Facility Communication Commitment

The facility agrees to keep me informed of any incidents involving my child, including illnesses, injuries, and adverse reactions to medication.

Transportation & Special Activities Authorization

_____ 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 more than two (2) feet deep.

Emergency Medical Care Authorization

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

Acknowledgment of Policies

I have received a copy of, and agree to abide by, the policies and procedures for the above-named facility.

Signatures

_____ _____

Parent / Guardian *Date*

_____ _____

Facility Administrator / Authorized Person *Date*