



# KNOW YOUR CHILDCARE FACILITY BROCHURE PARENT ACKNOWLEDGEMENT

I have received and read a copy of the "Know Your Child Care Facility."

Child's Name: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

# FOOD ALLERGY ACTION PLAN 2019-2020 SCHOOL YEAR

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

Allergy To: \_\_\_\_\_

Asthmatic:  Yes\*  No \*Higher risk for severe reaction  No Known Allergies

## I: Treatment

<b>Symptoms:</b>	<b>Give Checked Medication**</b> <b>** (To be determined by physician authorizing treatment)</b>
If a food allergen has been ingested but no symptoms	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Mouth: Itching, tingling, or swelling of lips, tongue, or mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Skin: Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Gut: Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Throat: Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Lung: Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
Heart: Weak or thready pulse, low blood pressure, fainting, pale or blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
<b>Other:</b>	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

**Dosage: Epinephrine: Injected intramuscularly (circle one):**  
**EpiPen EpiPen Jr.Twinject .03 mg Twinject 0.15mg**  
**CDS requires that 2 epi pens be provided**

Antihistamine: give \_\_\_\_\_

Other: give \_\_\_\_\_

Important: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

## STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Parent: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Emergency Contacts:

Name/ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name/ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO  
MEDICATE OR TAKE CHILD TO MEDICAL FACILITY**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# KNOW YOUR CHILD CARE FACILITY

## PARENT'S ROLE

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover
- Know the facility's policies and procedures
- Communicate directly with caregivers
- Visit and observe the facility
- Participate in special activities, meetings, and conferences
- Talk to your child about their daily experiences in child care
- Arrange alternate care for their child when they are sick
- Familiarize yourself with the child care standards used to license the child care facility

## MORE INFORMATION AND FREE RESOURCES:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_\_/\_\_\_/\_\_\_

License Expires on \_\_\_/\_\_\_/\_\_\_

For more information regarding the compliance history of this child care provider, please visit:

[myflfamilies.com/childcare](http://myflfamilies.com/childcare)

**To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873**

**CF/PI 175-24. -3/2014**

***This brochure was created by the***

***Florida Department of Children and Families,***

***Office of Child Care Regulation and Background Screening***

***Pursuant to s. 402.3125(5). F.S.,***

***License #C07SJ0120 || License issued on: 7/18/2018 || License expires on: 7/17/2019***

## GENERAL REQUIREMENTS

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see
- All staff appropriately screened
- Maintain appropriate transportation vehicles (if transportation is provided)
- Provide parents with written disciplinary practices used by the facility
- Provide access to the facility during normal hours of operation
- Maintain minimum staff- to- child ratios:

## STATE RATIOS

AGE OF CHILD	CHILD: TEACHER RATIO
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

## COLLAGE RATIOS

AGE GROUP	FOUNDATION GOAL
3 Months - 11 Months	4:1
12 Months - 23 Months	5:1
24 Months - 35 Months	6:1
3 Years	9:1
4 Years	10:1
Elementary	10:1

## HEALTH RELATED REQUIREMENTS

- Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers
  - Staff trained in first aid and Infant/Child CPR on the premises at all times
  - Fully stocked first aid kit
  - A working fire extinguisher and documented monthly fire drills with children and staff
  - Medication and hazardous materials are inaccessible and out of children's reach

## TRAINING REQUIREMENTS

- 40-hour introductory child care training
- 10-hour in-service training annually
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development
- Director Credential for all facility directors

## RECORD KEEPING

- Maintain accurate records that include:
  - Children's health exam/ immunization record
  - Medication records
  - Enrollment information
  - Personnel records
  - Daily attendance
  - Accidents and incidents
  - Parental permission for field trips and the administration of medications

## PHYSICAL ENVIRONMENT

- Maintain sufficient usable indoor floor space for playing, working, and napping
- Provide space that is clean and free of litter and other hazards
- Maintain sufficient lighting and inside temperatures
- Equipped with age and developmentally appropriate toys
- Provide appropriate bathroom facilities and other furnishings
- Provide isolation area for children who become ill
- Practice proper hand washing, toileting, and diapering activities

## QUALITY CHILD CARE

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

## QUALITY ACTIVITIES

- Children initiated and teacher facilitated
- Include social interchanges with all children
- Children expressive including play, painting, drawing, storytelling, music, dancing, and other varied activities
- Include exercise and coordination development
- Include free play and organized activities
- Include opportunities for all children to read, be creative, explore, and problem-solve

## FLU FORM SIGNATURE REQUIRED

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

### WHAT SHOULD I DO IF MY CHILD GETS SICK?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



## **WHAT IS THE INFLUENZA (FLU) VIRUS?**

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

## **HOW CAN I TELL IF MY CHILD HAS A COLD OR THE FLU?**

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

## **HOW CAN I PROTECT MY CHILD FROM THE FLU?**

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## WHAT CAN I DO TO PREVENT THE SPREAD OF GERMS?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands
- Limit contact with people who show signs of illness
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth

## WHEN SHOULD MY CHILD STAY HOME FROM CHILD CARE?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child,  
**visit: [cdc.gov/flu/](http://cdc.gov/flu/) or [immunizeflorida.org](http://immunizeflorida.org)**

## MEDICATION PERMISSION FORM 2019-2020

If your child requires medication during your child's time at school, the following rules must be observed:

- Sign this document as evidence of your consent
- Complete the medication profile for your child
- Fill out a separate authorization form for each medication administered

There shall be no liability for civil damages as a result of the administration of such medication when the person administering the medication acts as a reasonably prudent person would act under the same circumstances.

Medication must be in the **original pharmacy-labeled bottle**.

Non-prescription medication must be in the original packaging with the manufacturer's label.

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As legal parent or guardian, I hereby authorize (child's name) \_\_\_\_\_  
to take the medication that I will provide, and I authorize the school to store these medications according to school policies and assist with administration of the medication as directed. I further agree to inform Collage Day School of any changes in medication including changes in when the medication is to be taken, the dose to be given, any new or different medication, potential reactions to the medication or discontinuation of the medication. I further understand that this consent applies to all medication, whether prescribed by a physician or purchased over the counter without a prescription. I understand that this consent applies to the current school year only.

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Print Parent/Guardian's Name

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Parent/Guardian's Signature

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Date

## MEDICATION PERMISSION FORM/ MEDICATION PROFILE

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Medication dose: \_\_\_\_\_ Time to administer: \_\_\_\_\_

***Please note that per DCF guidelines, children under the age of 2 years old  
require a doctor's note for the dosage.***

Method of administration: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Indication for use: \_\_\_\_\_

How long will your child need to take this medication? \_\_\_\_\_

**When medication is discontinued or a course of medicine is completed, pick up all  
unused medication within one week. Unclaimed medications will be discarded.**

## PRESCRIBED AND OVER-THE-COUNTER MEDICATION PROFILE 2019-2020

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Medication dose: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Indication for use: \_\_\_\_\_

How long will your child need to take this medication?: \_\_\_\_\_

**When medication is discontinued, or a course of medicine is completed, pick up all unused medication within one week. Unclaimed medications will be destroyed.**

## **MEDICATION PERMISSION FORM**

If your child requires medication during their time at school, the rules must be observed:

- Sign this document as evidence of your consent
- Complete the following medication profile for your child
- A separate authorization form must be completed for each medication administered

There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as a reasonably prudent person would act under the same circumstances.

**Medication must be in the original pharmacy-labeled bottle.**

**Non-prescription or Over-The-Counter (OTC) medication must be in the original packaging with the manufacture's label.**

**When medication is discontinued, or a course of medicine is completed, pick up all unused medication within one week. Unclaimed medications will be destroyed.**

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As legal parent or guardian, I hereby give permission for (Child's Name) \_\_\_\_\_ to take the medication that I am providing and authorize the school to store these medications according to school policies, and administer the medication to my child as directed. I further agree to inform Collage Day School of any changes in medication, including changes in when the medication is taken, change in dosage, a new or different medication is prescribed, any reaction to the medication, or discontinuation of the medication. I further understand that this consent applies to all medication, whether it is prescribed or purchased over the counter without a prescription. I understand that this consent is valid for one year from the signed date.

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Print Parent/Guardian's name

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Parent/Guardian's signature

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Date

# PRESCRIBED AND OVER-THE-COUNTER MEDICATION PROFILE 2019-2020

Child's Name: \_\_\_\_\_

Medication/Bug Spray Name: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## MILK NOTICE

Collage Day School encourages parents to pack nutritious meals for their children that meet the USDA requirements for milk, juice, and serving sizes. Please sign below to indicate if you will or will not be providing milk in your child's lunch.

Child's Name \_\_\_\_\_

- Yes, I will provide milk for my child
- No, I not will provide milk for my child

(This is not for babies using bottles.)

\_\_\_\_\_  
Signature



## PHOTO/VIDEO WAIVER FORM 2019-2020

**CHILD'S NAME:** \_\_\_\_\_

### PHOTO:

I give permission for my child (named above) to have photos taken by Collage Day School for school or website use.

- I do give consent
- I do not give consent

### PHOTO for Classroom:

I give permission for my child (named above) to have photos taken by Collage Day School for classroom use (SeeSaw/Bright Wheel).

- I do give consent
- I do not give consent

### VIDEO:

I give permission for my child (named above) to be videotaped by Collage Day School for school or website use.

- I do give consent
- I do not give consent

I have read this entire waiver, fully understand it, and agree to be legally bound by its terms. Should my wishes change, I will notify a Collage Day School staff member. The most recent consent waiver will be honored.

Parent/Guardian Name (please print): \_\_\_\_\_

DATE: \_\_\_\_\_

## **PARTIES AND CELEBRATIONS 2019-2020**

**OPTION 1:**

My child, \_\_\_\_\_, has permission to participate in all parties and celebrations with **NO LIMITATIONS**.

**OPTION 2:**

My child, \_\_\_\_\_, has permission to participate in parties and celebrations, but I will provide alternate snacks due to my child's food allergies.

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

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

## RILYA WILSON ACT

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

**This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children***

## **RILYA WILSON ACT REQUIREMENTS:**

- ▶ Protective services children **MUST** be enrolled to participate 5 days per week
- ▶ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC)
- ▶ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff
- ▶ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity
- ▶ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child

### **Community-Based Care Lead Agencies Contact Information:**

[www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf](http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf)

**\*\* If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE\*\***

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



**2019-2020 Enrollment Application**

OFFICE USE ONLY	
Enrollment Date:	_____
Start Date:	_____
Application Fee (new students only):	\$ _____
Date Paid:	_____
Enrollment Fee: \$	_____
Date Paid:	_____
Days Attending:	_____

**Section 1: Student Information**

Child's First Name \_\_\_\_\_ Mi \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Child's Preferred Name/Nickname \_\_\_\_\_ Child's Gender  Male  Female

Applying for which age group?  Before Care  After Care # of Days \_\_\_\_\_

/  /20 Date of Birth Child's Age as of September 1, 2019: \_\_\_ y \_\_\_ mos.

Primary Residence of Child \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Parents are:  Married  Divorced  Father Deceased  Mother Deceased  Single Parent  Child is adopted

Child lives with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Section 2: Parent/ Guardian Information**

*(All listed individuals MUST have documented legal custody of the child enrolling in Collage Day School. If mother/father is not listed, legal documentation must be provided, prior to the child's first day).*

	Parent/Guardian #1	Parent/ Guardian #2
<b>Title</b>	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
<b>Name</b>		
<b>Home Address</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Email</b>		
<b>Employer</b>		
<b>Business Address</b>		
<b>Position</b>		
<b>Business Phone</b>		

Are there circumstances about the custody of your child that we should know about, which limit the sharing of record, picking up of your child, etc.?  Yes  No

(It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office with current and complete legal documents each year and after any changes.)

Section 4: Student Profile/ Background Information

(Please feel free to add additional pages if necessary)

Child born prematurely?  Yes  No If YES, how many months early? \_\_\_\_\_ Child's place of birth: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

List child's siblings and their ages: \_\_\_\_\_

Please list any other members of your household (pets, tool) by name, age and relationship: \_\_\_\_\_

If child is adopted, list age at time of adoption \_\_\_\_\_ Is child aware of adoption? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ If in progress, explain: \_\_\_\_\_

Describe assistance needed and words used: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ If yes, what time? \_\_\_\_\_ If no, will your child be able to rest quietly with books for at least a half hour each afternoon? \_\_\_\_\_ Does your child take a bottle at nap time? \_\_\_\_\_

Does your child take a pacifier at nap time? \_\_\_\_\_ My child wakes up in the morning at \_\_\_\_\_ am, and goes to sleep at night at \_\_\_\_\_ pm Has your child previously attended preschool? \_\_\_\_\_ If so, where \_\_\_\_\_

Please describe any health issues that we should be aware of: \_\_\_\_\_

Please describe any special dietary needs that we should be aware of and describe your child's appetite: \_\_\_\_\_

What methods of behavior management are used in your home? \_\_\_\_\_

Does your child attend any sort of therapy? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Please describe any serious operation or accident your child may have had: \_\_\_\_\_

Please list all medications your child takes on a regular basis and the associated conditions: \_\_\_\_\_

Please describe any special medical, physical or emotional needs that the school and staff should be aware of: \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What does your child enjoy doing with Mother? \_\_\_\_\_

What does your child enjoy doing with Father? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups \_\_\_\_\_

Do you think your child will display anxiety on his/her first day of school? \_\_\_\_\_

As a parent, what do you feel you can do to avoid an unpleasant first day at school? \_\_\_\_\_

**Additional Persons Authorized to Pick Your Child Up & Emergency Contacts (other than parent/guardian):**

Important: Child will be released only to the parent or legal guardian, and persons listed below. The following people will also be contacted and are authorized to remove your child from the facility in case of illness, accident or emergency if the parent or legal guardian cannot be reached. Please introduce us to the persons authorized to pick up your child. For the safety of your child, please notify teachers (verbally or in writing) of who will be picking up your child. We will request a photo ID from someone listed below whom we have not previously met before releasing your child to them. Please list the name, relationship, and phone number for ALL individuals who are permitted to remove your child from Collage property.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Please make a 4 digit code that will be used for pick up purposes only. This is a number that you make up and give to people authorized to pick up your child.  Authorized Pick-up **4 Digit Code:** \_\_\_\_\_

**AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE DOCUMENT IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION AND I WILL BE RESPONSIBLE FOR TUITION, FINES, OR PENALTIES, ATTORNEY'S FEES AND COURT COSTS RESULTING FROM A FALSIFIED DOCUMENT. I AUTHORIZE THE SCHOOL PERSONNEL TO TAKE RESPONSIBLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.**

**Section 3: Medical Information**

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Full Legal Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Telephone \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Telephone \_\_\_\_\_

Please list any allergies, medical conditions, developmental delays or medications currently being taken, including dietary requirements, allergies to medication, or any other limitations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission in the event of an emergency for the Director, the Acting Director, or a Teacher at Collage Day School, to take whatever steps may be necessary for the medical care of my child, \_\_\_\_\_. I understand that in order for Collage Day School to assume responsibility of my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below: 1. The parent/guardian will be called. Note: If the parent/guardian is unavailable, the emergency contact persons designated by the parent/guardian will be called. 2. Child's physician will be called. 3. If these efforts are unsuccessful, the following steps will be taken (order may vary depending on the situation): a. Another physician will be called. b. The child will be taken to the nearest emergency room accompanied by a staff member. c. An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member. If I cannot be reached in the event of an emergency, I give consent for a Collage Day School staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance. I give consent to any emergency facility or physician to administer any necessary medical treatment to my child as the situation may warrant it. I further understand that I am responsible for any and all costs associated with any and all medical treatments for my child. Parent/Guardian confirms that they will hold Collage Day School and its staff harmless from any liability which might arise from this consent. Parent/Guardian agrees to reimburse Collage Day School for any medical expenses that may arise while child is in our care.

Signature of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

