

REV 12/00

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

_____ 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.

_____ 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 _____ 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 PATENT MEDICINE

(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer patent 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

- over -

CHILD PICKUP

I/we authorize ONLY

	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 _____ 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

SWIMMING

I/we consent to my/our child using the swimming pool of

	Name of Provider
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at _____	
Address	

Date _____	
	Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child