



Child's Name: _____

Access

I will have access to the center without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

Child Release

For a child's safety, Gottlieb Child Development Center will release a child only to parent(s)/legal guardian(s) or to the third parties authorized below. Parents/guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

- At least two people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding box below. Emergency contacts will be contacted if parents/guardians cannot be reached.
- If the person picking up is listed below, but does not pick up the child regularly, I will notify the center **verbally, in advance**. Verbal authorization is not permitted for any person not on this form.
- If the person picking up is **NOT** listed below, I must notify the center in **writing, in advance**.
- Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

THE FOLLOWING PEOPLE OTHER THAN PARENTS/GUARDIANS ARE AUTHORIZED TO PICK UP MY CHILD.

NAME _____

ADDRESS _____

CITY/TOWN/ZIP CODE _____

RELATIONSHIP TO CHILD _____

DAYTIME PHONE _____ CELL PHONE _____

E-MAIL _____

CONTACT IN THE CASE OF AN EMERGENCY? YES NO

NAME _____

ADDRESS _____

CITY/TOWN/ZIP CODE _____

RELATIONSHIP TO CHILD _____

DAYTIME PHONE _____ CELL PHONE _____

E-MAIL _____

CONTACT IN THE CASE OF AN EMERGENCY? YES NO

NAME _____

ADDRESS _____

CITY/TOWN/ZIP CODE _____

RELATIONSHIP TO CHILD _____

DAYTIME PHONE _____ CELL PHONE _____

E-MAIL _____

CONTACT IN THE CASE OF AN EMERGENCY? YES NO

Gottlieb Child Development Center will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick up will be refused and we will attempt to contact the other parent/guardian or authorized persons. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

Walk Permission

Weather permitting, children may go on walks supervised by staff in the Gottlieb Memorial Hospital Campus. Infants and young toddlers are transported in a buggy or stroller.

I give permission for my child to participate in walks.

Photography & Video Permission

Gottlieb Child Development Center takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner. The center regularly takes photographs and videos of children enrolled. They may be shared with you and other families in a variety of ways: website, email, on a posting in the center, or in a parent newsletter. They may also be used to better communicate with families, to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. Additionally, they may be used for other center, general business, and marketing purposes, including online. Gottlieb retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment.

- I give permission for Gottlieb Child Development Center to take photographs and videos of my child and use these materials as described above.
- I give permission for Gottlieb Child Development Center to take photos and videos of my child and to only use those pictures for curriculum purposes, documenting my child's progress and communication with me and other families.

Child Illness

If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious, and 2) can participate in group care. The Parent Handbook contains the center's full Child Illness Policy, including protocols for contagious illnesses.

Children's Injuries

If my child sustains a minor injury during care, I will receive an Incident Report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, in on the face or head, or requires medical attention.

Emergency Medical Care

If emergency medical attention is needed for my child, _____, the center will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize Gottlieb Child Development Center to call an ambulance to transport my child for medical treatment to Gottlieb Memorial Hospital or medical facility, or to _____, my nearby facility, if possible.

Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

CHILD'S HEALTH INSURANCE PROVIDER

NAME OF INSURED

POLICY NUMBER

Family Guide Acknowledgement

By signing below, I acknowledge and agree that: 1) in addition to this Informed Consent, I received the Gottlieb Child Development Center Parent Handbook or client equivalent, as well as any center-specific information and relevant state policies; 2) it is my responsibility to read and familiarize myself with all these materials and address and questions with center management; and 3) I will abide by these materials.

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Annual parent/guardian review and signature is required by the center. If any changes are necessary, a new form will be completed.

PARENT/GUARDIAN SIGNATURE

REVIEW DATE

PARENT/GUARDIAN SIGNATURE

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