

**Thousands of Smiles
Family Child Care**

**Consent to Transport a Child to a Medical Facility and for the Child to Receive
Emergency Medical Treatment**

In a case of emergency, I _____ parent/guardian of
_____ (Child's Name), do hereby give my consent to
_____ (Provider's name/Assistant provider's) to:

- Transport the child to the following medical facility _____
_____ or any healthcare facility within the area.
- For the child to receive emergency medical treatment, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent/guardian cannot be reached and when delay would be dangerous to the health of the child
- Administer basic first aid/or Cardiopulmonary Resuscitation CPR

This authorization is effective from _____ to _____

Signature of Parent or Legal Guardian

Date

**Thousands of Smiles
Family Child Care**

Persons Authorized by Parents to take or receive the child from the Program

The following persons are authorized by the parent/legal guardian to take (Children's Name) _____ from the program or receive the child at the end of the day:

Person 1

Name: _____

Relationship to the children: _____

Phone Number: _____

Person 2

Name: _____

Relationship to the children: _____

Phone Number: _____

Authorized by:

Signature of Parent or Legal Guardian

Date

Phone number: _____

**Thousands of Smiles
Family Child Care**

Authorization for Off-Site Activities

I (parent/guardian) _____ hereby give my permission to take my child (name) _____ off the premises of the Family Child Care home for the following excursions: walks, parks, library, and general errands, using the following modes of transportation: automobile [], walking [], public transportation [].

Parent/Guardian Signature: _____ Date: _____

[] I decline to authorize

Parent/Guardian Signature: _____ Date: _____

**Thousands of Smiles
Family Child Care**

Consent for the use of unanticipated, non-prescription and topical, non-prescription medications

I, (Parent/Guardian) _____ the
parent/guardian of (Child's name) _____ authorize to A
thousand of Smiles Family Child Care to administered non-prescription medication and topical
ointments and sprays such as petroleum jelly, sunscreen, diaper rash ointment and insect
repellent, along with topical non-prescription medication.

The provider will follow the written procedure for non-prescription medication which includes
the written order of the physician, which is valid for a year, and the Authorization for
Medication form signed by the parent.

Parent/Guardian Signature: _____ Date: _____

I decline to authorize

Parent/Guardian Signature: _____ Date: _____

**Thousands of Smiles
Family Child Care**

Medical Records Requirements

The following medical records must be submitted within one month of admission to the family child care:

	Submitted
a. a physician's, nurse practitioners, or physician's assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules;	Yes [] No [] Date: _____
b. a written statement from a licensed health care practitioner that indicates that the child has had a complete physical examination within one year prior to admission;	Yes [] No [] Date: _____
c. a statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning. Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and twelve months and annually thereafter at ages two and three. Children must also be screened at age four if they live in a community deemed at high risk for lead poisoning by the Department of Public Health. All providers must comply with the criteria for lead poisoning screening as set forth in 105 CMR 460.050.	Yes [] No [] Date: _____

Child's name: _____

Date of admission: _____

**Thousands of Smiles
Family Child Care**

WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

Parent/Guardian

Date