

LITTLE BLESSINGS PARENT AUTHORIZATION FORM

2020-2021

In the event of an illness or accident which requires EMERGENCY MEDICAL TREATMENT at a time when a parent cannot be reached, I give permission for the director, or other preschool personnel designated by the director, to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, or other persons listed for emergency contact.

Date _____ Signature of parent/guardian _____

.....

I have read and agree to comply with the policies set forth in the "Parent Handbook" while my child is enrolled at Little Blessings.

I understand that Little Blessings programs are set in a Christian environment with religious emphasis as part of the activities.

I give permission for the staff to administer any necessary emergency first aid or CPR measures for which they are trained. If further care is needed, a parent will be notified.

Whenever possible, non-chemical methods (sticky traps and baiting) are used to control pests. Chemical methods will not be used when children are present, and if it becomes necessary to use chemical methods, parents will be notified at least two days prior to the weekend application.

I understand that all children will be photographed by a qualified school portrait company each fall unless otherwise requested. I give my permission to Little Blessings to provide my address to the portrait company for billing purposes only.

I give permission to Little Blessings teachers to apply sunscreen, which I have provided, to my child.

I/We have read, understand, and agree to Little Blessings Preschool program, discipline and late pick-up policies, as contained in the 2019-2020 policy and program information, concerning the care of my/our child.

Parent/Guardian Signature _____ Date ____/____/____

I/We, _____ Parent/Guardian of _____, hereby certify that I/we

Please Print Parent/Guardian Name(s)

Child's Name

have received a copy of Summary of Licensing Standards and other materials published by the Illinois Department of Children and Family Services:

Signature(s) of Parent/Guardian

Date