Parental Agreements with Child Care Facility

The				
		(Name of Facility)		
agrees to pro	ovide child care for	(1)	(
	(Name of Child)			444
on	(Days of Week)		, beginning at	AM
			*-	
and ending a	PM from	(Month)	10(Month)
My child will	participate in the following med	ıl plan (check applicabl	e meals and snacks	:):
D 1.6			•	4.51
Breakfast Snack	Morning Snack	Lunci	n	Afternoon
Ε	vening Snack	Dinner	Bedtime S	nack
-				
Date, Name	nedication is dispensed to my c of Child, Name of Medication, given to child. Medicine will b	Prescription Number	(if any), Dosages,	and Date and Time
•	not be allowed to enter or le	·	out being escorted	d by the parent(s),
changes as t	ge it is my responsibility to k hey occur, e.g., telephone num n status, infant feeding plans, an	bers, work location, e	mergency contact	
	agrees to keep me informe medications, etc., which include	•	including illnesses	, injuries, adverse
	norization from me before my ities away from the facility, an feet deep.	·	n routine transpor	•
I authorize available.	the child care facility to obt	ain emergency medic	al care for my ch	nild when I'm not
I have receiv facility.	ved a copy and agree to abide by	the policies and proc	edures for the abo	ove-named
SIGNED:	Parent/Guardian			
SIGNED:				

Facility Administrator / Authorized Person

Date