



Informed Consent

Child's Name: _____ Date: _____

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, Stepping Stone University Preschool (SSUP) will release a child only to parent(s)/legal guardian(s) or to the third parties I 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 listed on this form.
- If the person picking up is NOT listed below, I must notify the center/school in writing, in advance. (Note: Parents/guardians must also provide notice in person and in writing.)
- 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 (WHO ARE NOT PARENTS/GUARDIANS) ARE AUTHORIZED TO PICK UP MY CHILD.

1. NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 RELATIONSHIP TO CHILD _____
 DAYTIME PHONE _____ CELL PHONE _____
 E-MAIL _____
 CONTACT IN THE EVENT OF AN EMERGENCY? YES _____ NO _____

2. NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 RELATIONSHIP TO CHILD _____
 DAYTIME PHONE _____ CELL PHONE _____
 E-MAIL _____
 CONTACT IN THE EVENT OF AN EMERGENCY? YES _____ NO _____

Stepping Stone University Preschool (SSUP) 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 Sheriff's Department and child protective services agency will be called.





STEPPING STONE UNIVERSITY PRESCHOOL,

"The Stepping stone into your child's future!"

Child Illness

If my child becomes ill, I will be called. I may be required to 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 Stepping Stone University's (SSUP)' 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 ouch report/ incident report (depending upon the circumstances) when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is 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 Stepping Stone University Preschool (SSUP) to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to_____ my preferred 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.

Acknowledgement

By signing below, I acknowledge and agree that:

- 1) in addition to this Informed Consent, I received the Stepping Stone University Preschool (SSUP) Parent Handbook, 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 any questions with center management.
- 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

PERMISSION ONLY VALID FOR ONE (1) YEAR.

