

Kelly's Day Care Emergency Form
Authorization for Emergency Medical Care and Transportation
And
Additional Notarized Forms

10175 Woodrose Lane Highlands Ranch, CO 80129 (303) 346-0012

1. Authorization for Emergency Medical Care and Transportation- I hereby give my permission to, Kelly and Thomas Baker, any substitute, volunteer, or emergency substitute, to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency or surgical care for my child/children, _____.

It is understood that the child care provider will make the conscientious effort to locate the parents/guardians and emergency contacts listed on the enrollment form before any action will be taken. If it not possible to locate emergency contacts listed, treatment will not be delayed. **It will not be the responsibility of the day care and their employees to pay for any medical care and transportation.** I/we will accept the expense of emergency transportation, medical treatment, surgical treatment, or any other treatment/care that is provided to your child.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

2. Permission to Photograph/Video Tape- I/we give permission to Kelly and Thomas Baker, any substitute, volunteer, or emergency substitute, to take or have pictures or to take or have videos of my/our child/children, _____ (Names) for the following purposes: gifts, crafts, scrapbooks, newsletter, bulletin boards, Daily Connect (daily reports), KidKare (day care program), Child Folio (assessments), Baby Journal (notes), day care website, Facebook, photos apps, displayed in our day care, and to show to current or prospective clients or to use in promotional materials. Videos are taken on very rare occasions for educational purposes and will not be distributed out to families or anyone outside the day care except if requested by licensing authority, child protective services worker, and police. Children's file, pictures, and videos can be viewed in person or electronically by licensing authorities, child protective services workers, and police. Please check mark your choice on page 2.

- Permission to photograph and video tape for purposes stated above (if you check mark this section please **DO NOT** check mark any other sections)
- No permission to photograph (pictures will be taken for your child's medical emergency cards (unless you provide on your child's first day of care), KidKare, and Daily Connect)
- Pictures for gifts, crafts, and scrapbooks (pictures will also be taken for his/her medical emergency cards (unless you provide pictures on the 1st day of care), KidKare, and Daily Connect). Pictures will not be used for our website, to show to current or prospective clients, or promotional purposes)
- No permission to video tape

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

3. Permission for Media Use- I give permission for my child to participate in media use such as television viewing, movies, exercise videos, educational videos, video games, and music.

My child may engage in the approved activities for up to _____ total hours per day. On occasion we will watch a movie, please allow up to 2 hours for this purpose. Majority of kids movies are labeled PG.

Please mark the approved ratings below:

- G Rated only
- G and PG rated

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

4. Permission for use of wading pool- I/we give permission for my/our child/children to use a wading pool, weather permitting. I understand the provider will watch the children at all times and will empty the pool out after use.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

5. Permission for child to ride in an insured vehicle- I/we give permission for my/our child to ride in an insured vehicle for any reason we may leave the home. A field trip form will be required to be signed by parents/guardians for any trips whether walking or riding in a vehicle, except for emergencies, daily walks, and when the provider needs to pick up his/her own children.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

6. Permission for use of indoor and outdoor play equipment- I/we give permission for my/our child to use all indoor and outdoor play equipment at the day care.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

7. Permission to take daily walks and walks to the park, playgrounds, and our child's school. Children will be allowed to use the age appropriate playground equipment at the parks.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

8. Permission to send emails, monthly newsletters and additional communication in a group email. If you don't wish to be on the group email, information will be placed in your child's cubby or emailed separately to allow important communications to reach you. Group texting may occur for emergency purposes, urgent matters, or sudden closures.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

9. Permission to have my full name and email address on a community list for purposes of birthday party invites, etc. This will allow parents/guardians a list of all current families in care.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

Emergency Contacts

If I cannot reach the mother, father, or guardian please list below whom to call in case of an emergency:

1. Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Relationship to child _____

2. Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Relationship to child _____

******Please fill out the emergency contacts exactly the same as your child's enrollment form. Do not write "same as enrollment form." This notarized form may be needed to show any medical personnel in order to treat your child if you are not present at the time of care.**

*****Please keep in mind that the person or persons listed under the Emergency Contact will have authorization to approve medical care and transportation. If you want them to be able to pick up your child/children, please make sure they are listed under the child pick up information on the enrollment form. Again, if no one can be reached, medical treatment and transportation will be obtained in the best interest of your child/children's health and safety**

Signature page to follow.

Please sign below:

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

Notary:

State of _____, County of _____

On _____ (date) before me, a Notary Public, in and for said State, personally appeared

_____ (list all names of persons signing contract) proved to me with satisfactory evidence to be the person/persons named signing Kelly's Day Care contract. I have witnessed all signatures above.

X _____
Notary Signature

My commission expires on _____

Seal