

PARENT'S NIGHT OUT WAIVERS

I give permission for my child _____ to attend and participate in Little Steps ELA's Parents' Night Out

PHOTO USE AGREEMENT: I hereby grant, voluntarily and with full understanding, to Little Steps ELA, a license to use and store my child's name and image(s) by means of digital or film photography, video photography, audio recording or other documentation with respect to all Parents' Night Out activities/events, as stated in Little Steps ELA's Photo Use Agreement policy.

Please check one:

- Yes, I agree and give my consent.
 No, I do not agree or give my consent.

LIABILITY RELEASE: In consideration of Little Steps ELA allowing the Participant to participate in Little Steps ELA's Parents' Night Out program I, the undersigned, do hereby release, forever discharge and agree to hold harmless Little Steps ELA, its directors, employees, volunteers and teachers (collectively herein the "The Business") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Parents' Night Out program activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in Parents' Night Out activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Business for any liability sustained by said Business as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

EARLY HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Pick-up Policy

Parents are expected to pick up their child from Little Steps ELA's Parents' Night Out program by 11:30 PM. Arrival after this time is considered a late pickup. The 1st time (a) parent/s is/are late, a verbal warning will be given. • The 2nd time (a) parent/s is/are late, the family will be asked to not come to the following month's PNO (one month suspension). • The 3rd time (a) parent/s is/are late, the family will be asked to no longer come for the following nine months PNO. 4. At 12:00 AM, if (a) parent/s has/have still not arrived to pick up his/her/their child(ren), law enforcement will be called.

PARENT'S FULL NAME: _____

PARENT SIGNATURE: _____

DATE: _____

Emergency Card Information

REMINDER This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the child care premises.

Child's Name _____ Date of Birth _____

Child's Home Address _____

_____ Phone _____

Instructions to Reach Parent or Guardian

1 _____
(Name, Address, Home and Cell Phone #)

2 _____
(Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

1 _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

1 _____
(Name, Address, Home and Cell Phone #)

2 _____
(Name, Address, Home and Cell Phone #)

Emergency Medical Treatment

I hereby give _____ permission to
(Name of educator/assistant)

administer basic first aid and/or CPR to my child _____
(Name)

and/or take my child _____, to a hospital for medical treatment
(Name)

when I cannot be reached or when delay would be dangerous to my child's health

Parent/Guardian

Date

Medical Insurance Information (Optional)

Subscriber's Name: _____

Type of Insurance: _____

Policy Number: _____

Copy of insurance card

Other pertinent medical information: _____

Permissions (for each child enrolled)

General Permission (Basic Transport)

Specific places where your child is allowed to go are listed by your educator. By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give _____ (educator/assistant) permission to take my child _____ off the premises of the family child care home for the following excursions: (specific places your child is allowed to go): _____

using the following forms of transportation: _____

Parent/Guardian _____ Signature Date _____

I do not want my child to be taken off the child care premises

Parent/Guardian _____ Signature Date _____

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give _____ (educator/assistant) permission to administer basic first aid and/or CPR to my child _____ and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian _____ Signature Date _____

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin). Ex: sunscreen, insect repellent (bug spray), diapering ointment

Parent/Guardian Signature _____ Date _____

Child's Name _____

PERMISSION TO RELEASE INFORMATION

Date _____

I understand that the time my child _____ is in the facility that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials

Signature of Parent/Guardian _____ Date _____

I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that Child Care Licensing has access to my child's record as the licensing agent

Signature of Parent/Guardian _____ Date _____

FIELD TRIP PERMIT

NAME (LAST) (FIRST) (MI) DATE

I UNDERSTAND THAT DURING THE YEAR MY CHILD MAY TAKE PART IN FIELD TRIPS AND EDUCATIONAL EXCURSIONS, EITHER BY BUS, PRIVATE CAR, OR ON FOOT. I FURTHER UNDERSTAND THAT MY CHILD WILL BE CHAPERONED BY A RESPONSIBLE ADULT AT ALL TIMES WHILE AWAY FROM THE FACILITY.

SHOULD ANY ACCIDENT OCCUR WHILE MY CHILD IS AWAY FROM THE FACILITY ON THE AFOREMENTIONED TRIP, I SHALL NOT HOLD THE CHILD'S CARETAKER, MEMBERS OF THE FACILITY AND ITS EMPLOYEES, NOR ANY PARTICIPATING ADULT RESPONSIBLE.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

I DO NOT WISH MY CHILD TO TAKE PART IN THE AFOREMENTIONED FIELD TRIPS OR EDUCATIONAL EXCURSIONS.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
CHILD CARE LICENSING

LAS VEGAS OFFICE
 3811 W. Convention Blvd. Ste. 210
Las Vegas, NV 89102
Phone: 702-966-8022 Fax: 702-486-6660

ELKO OFFICE
 1010 Ruby Vista Dr., Suite 101
Elko, Nevada 89801
Phone: 775-753-1237 Fax: 775-753-1136

CARSON CITY OFFICE
 727 Ferryway Drive, Suite F
Carson City, Nevada 89701
Phone: 775-684-4463 Fax: 775-684-4463

COMPLAINANTS AGAINST _____

PARENT FORM

(Facility Name)

Month / Year	Complaint	Findings of Investigation	Disciplinary Action Taken	Parents notified within 3 days, Documentation Attached

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
CHILD CARE LICENSING

LAS VEGAS OFFICE

3611 W. Charleston Blvd. Ste. 210
Las Vegas, NV 89102
Phone: 702-486-8022 Fax: 702-486-6840

ELKO OFFICE

1010 Ruby Vista Dr., Suite 101
Elko, Nevada 89801
Phone: 775-753-1227 Fax: 775-753-1336

CARSON CITY OFFICE

777 Sparrow, Suite E
Carson City, Nevada 89701
Phone: 775-684-4463 Fax: 775-684-4464

Parent/Guardian Notification of NRS 178 Child Care Facility required to maintain certain information, reporting of information to parents and guardians, notice of right to information
I, _____ (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment.

Signature of enrolling Parent/Guardian _____ Date _____