

# Child Development Center on Herlong

## Permission Agreement

Please check off each statement

1. \_\_\_ I agree to pick up my child if he/she is sick.
2. \_\_\_ CDC has permission to give my child an appropriate dose of non-aspirin pain reliever that is sent in by the parent such as (Tylenol, Ibuprofen) as needed. Please fill out medication form.
3. \_\_\_ CDC has permission to give my child prescription medication, that is sent in by the parent. (The child's name and dose has to be on the original container labeled with the child's first and last name from the pharmacy) Review our medication policy.
4. \_\_\_ If emergency treatment is required and I cannot be reached immediately; I empower the CDC to exercise their own judgement in calling a physician or transporting my child to an emergency room.
5. \_\_\_ Children will be released only to parent/guardian that are on the child's file. If your child is to be released to someone other than who is listed on the enrollment form, a note has to be sent from home and dated.

**\*\*\*\*All persons picking up students must show a picture ID when picking up your child\*\*\*\***

My child may be picked up by:

Name	Address	Phone number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. \_\_\_ Should a discipline problem arise, parents will be contacted and asked to work with the teacher/director to deal with the problem in a positive manner. Corporal punishment is never administered. If my child is misbehaving or continually distracting the other students after other reasonable forms of discipline have been tried, I will pick up my child for the rest of the day. The director reserves the right to dismiss my child if after the teacher/director/parent conference does not help, and the center can no longer meet the needs of my child.

7. \_\_\_ We follow the DSS regulations and use a Tracking Sheet at CDC to track all of our children. We start tracking our students as soon as they enter our classroom. We also use them to track them from one location to another while they are on the CDC campus.

**\*\*\*\* Children's records are accessible to the child's teacher, the director, assistant director(s), director designee, the child's parent or legal guardian, and authorized employees to the Department of Social Services. All files will be kept locked when not in use\*\*\*\***

I agree to abide by the CDC policies and the statements above. I give the CDC my permission to use my child's pictures for promotional purposes only.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

