



CONSENT FORM

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____

PERMISSION FOR MEDICAL TREATMENT

IF AT ANY TIME MEDICAL TREATMENT IS REQUIRED DUE TO SUCH CIRCUMSTANCES AS ACCIDENT, SUDDEN ILLNESS OR EMERGENCY, THIS MAY BE GIVEN, INCLUDING ANAESTHETIC, IF NECESSARY, BY A PHYSICIAN OR HOSPITAL.

SIGNATURE OF PARENT

DATE

PERMISSION TO APPLY MEDICATED CREAM

I GIVE MY PERMISSION FOR THE CAREGIVER TO APPLY MEDICATED CREAM SUCH AS _____ (WHICH I WILL PROVIDE) TO MY CHILD AS NECESSARY.

SIGNATURE OF PARENT

DATE

PERMISSION TO APPLY SUNSCREEN

I GIVE PERMISSION FOR THE CAREGIVER TO APPLY SUNSCREEN FOR OUTDOOR PLAY TO MY CHILD. (WHICH I WILL PROVIDE) AND TO BE APPLIED AS NEEDED.

SIGNATURE OF PARENT

DATE

PERMISSION TO SLEEP ON MAT IF CHILD IS OVER 18 MONTHS

I GIVE MY PERMISSION FOR MY CHILD _____ TO SLEEP ON A MAT.

SIGNATURE OF PARENT

DATE

CONSENT FOR OUTDOOR PLAY

I GIVE PERMISSION FOR MY CHILD TO ACCOMPANY THE CAREGIVER, AS PART OF THE DAILY PROGRAM, FOR THE DAILY WALKS, OUTINGS TO COMMUNITY CENTRES, LIBRARIES, AND PARKS. IN THE EVENT THAT THE PROVIDER PLANS A FIELD TRIP OUT OF THE LOCAL AREA/NEIGHBOURHOOD, I WILL BE ADVISED AND ASKED FOR MY WRITTEN CONSENT. THIS FORM DOES NOT GIVE PERMISSION TO THE CAREGIVER TO TRANSPORT CHILDREN IN A CAR. ARRANGEMENTS FOR CAR TRAVEL ARE BETWEEN THE PARENT CAREGIVER ONLY. CARING FOR KIDS IS NOT RESPONSIBLE AND WILL NOT ASSUME ANY LIABILITY.

SIGNATURE OF PARENT

DATE