

Please complete this consent form and return to the facility

Name of ELC facility: _____

Child's Name		Date	
		Date	
Consent for emergency care and transportation			
If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the early learning and childcare staff to take whatever emergency measures are necessary for the protection of my child while in their care.			
I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.			
I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.			
Parent/Guard	lian Signature	Date	
Parent/Guard	lian Signature	Date	
P	LEASE INDICATE YOUR CONSENT AND SIGN AT TH	E BOTTOM OF THE FORM	
Administration of acetaminophen consent			
□ Yes □ No	I give consent for acetaminophen to be administered to my child providing I have been contacted first to provide oral consent and to indicate the dosage.		
	On picking up my child at the facility I understand I will be asked to sign a written acknowledgement that acetaminophen was administered with my consent.		
	I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick them up (within one hour).		
	Reason: Fever above Celsius Body ache		
	Other		
Consent for my child to be taken on walking outings/excursions off the premises			
□ Yes □ No	As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning.		
	Consent forms for any motor transportation trips will be separate and for each outing.		
	I give permission for my child to be able to participate	in the walking trips off the premises.	

Consent for videographing and photographs			
□ Yes □ No	I give consent for my child to be videographed or photographed participating in the facility for the following reasons:		
	□ Yes □No Social Media such as Facebook		
	□ Yes □No Facility's website		
	□ Yes □No Publication		
	□ Yes □No Illustrate child's learning within the fact	ility	
Consent for	child to walk/bicycle to and from school unattended	(school-age children only)	
□ Yes	I give consent for my school-aged child to travel to and from school unsupervised.		
□ No	If my child does not arrive at the facility within the pre-determined time period, the missing child or other procedures will be initiated to find him/her. I will advise the facility when my child is absent.		
□ N/A			
Consent for	transportation to and from school (school-age child	ren only)	
□ Yes	I authorize the operator to transport my child to and from school by the authorized facility		
□ No	vehicle or by walking. Where applicable, appropriate seat restraints are used.		
□ N/A			
Consent for	bathing		
□ Yes □ No	I give permission to bathe my child if this becomes necessary due to the child becoming dirty while at the facility; either through play (paint, mud, sand, etc.) or because of a toilet accident.		
□ N/A	Also applies to overnight care where bathing is part of the night time routine.		
	 To ensure the health and safety of children who may require bathing, children must be: bathed individually and supervised according to developmental needs; 		
	 never left unattended; and bathed as quickly as possible and dressed appropriately. Staff will supervise or bathe the child upon instructions of the parent according to their age, adhering to safety standards. Bathtubs will be equipped with a nonskid mat or surface. 		
□ Yes □ No	I have read, understand and been provided a copy of the facility's parent/guardian handbook.		
Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	