

## Pamm's House Consent and Permission Form

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or those listed on the **Pamm's House Child Pick-Up Form** at the telephone numbers provided on the **CHILD'S BIOGRAPHY** paperwork.

In the event that I or the others are not available, I give my permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to *Havasu Regional Medical Center* and treatment as they deem necessary. I understand I am responsible for all expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I give Pamm's House my permission to:

**Yes No** Give or apply non-prescription medication to/on my child. This shall include pain reliever/fever reducer, teething medication, diaper or other ointments, powder, sun block, or anything else I may suggest.

**Yes No** I give Pamm's House permission to take photos and/or video of my child. These photos may be added to the daycare blog, Facebook page, and/or used for art projects. First names are rarely used publicly and last names are never used. Photos of your child will be sent by email to the addresses you provided. Photos are property of Pamm Clark and used at her discretion.

I have been notified **Pamm's House owns two dogs, a Beagle and a Chihuahua mix.** They are licensed, vaccinated and they love children.

I have been notified that **parents/guardians listed on the paperwork can visit the child care home unannounced whenever my child is in attendance** (when possible, please avoid visiting during lunch and rest time: 11am-2pm).

*Note: Although Pamm's House has an Open-Door Policy, the door may be locked at some times throughout the day to keep toddlers in and/or strangers out.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Updated: June 2010