

**PARENTAL EMERGENCY MEDICAL CONSENT**

*Discovery Learning Center 612 Park View Dr. Eldridge, Iowa 52748*  
 – 7212 Fax (563) 285 – 7251

**This form must be presented upon admission for treatment** Phone (563) 285

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

My signature below indicates that I agree to pay all costs and fees as secured or authorized under this consent.

<b>CHILD'S NAME:</b>		<b>BIRTH DATE:</b>	
<b>PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES #1 – AUTHORIZED TO PICK UP CHILD</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
CITY	PHONE NUMBER	WORK NUMBER	
<b>PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES #2 – AUTHORIZED TO PICK UP CHILD</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
CITY	PHONE NUMBER	WORK NUMBER	
<b>EMERGENCY CONTACT PERSON(S)</b>			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
<b>PERSONS AUTHORIZED TO PICK UP CHILD</b>		<b>ADDRESS</b>	<b>PHONE NUMBER</b>
1.			
2.			
3.			

*Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?*

<b>Name</b>	<b>Name</b>
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<b>PHYSICIAN NAME</b>		<b>DENTIST NAME</b>	
PHONE NUMBER		PHONE NUMBER	
ADDRESS		ADDRESS	
<b>HOSPITAL PREFERENCE</b>			
<b>KNOWN ALLERGIES</b>			<b>DATE OF LAST TETANUS</b>
PRESENT MEDICATION			
INSURANCE COMPANY		POLICY HOLDER ID	

**This consent will be in effect beginning (date) \_\_\_\_\_ and be updated annually by the parent/legal guardian.**

<b>SIGNATURE OF PARENT OR GUARDIAN</b>	<b>DATE</b>	<b>SIGNATURE OF PARENT OR GUARDIAN</b>	<b>DATE</b>
<b>UPDATE</b>	<b>DATE</b>	<b>UPDATE</b>	<b>DATE</b>
<b>UPDATE</b>	<b>DATE</b>	<b>UPDATE</b>	<b>DATE</b>

### Child's Medical Information

Medical Conditions: \_\_\_\_\_

Does Child Take Medications Daily for this Medical Condition?                      Yes                      No

If "Yes", What Medication(s)? \_\_\_\_\_

\_\_\_\_\_

Food/Medicinal/Seasonal

Allergies: \_\_\_\_\_

\_\_\_\_\_

#### Medication Authorization

**Initial in the blanks below** and sign in the designated area in acknowledgement of medication policies.

\_\_\_\_\_ I understand that I must provide all medication to be administered to my child.

\_\_\_\_\_ I understand that medications must be in their original container with manufacturer or physician instructions clearly labeled.

\_\_\_\_\_ I understand that prescription medications shall be administered only to the child for whom the prescription is prescribed. I cannot designate a prescription medication for a sibling for which the prescription was not originally dispensed by the physician.

\_\_\_\_\_ I understand that I must submit a physician's note for any medication intended for children under the age of two (2), or for any medication for which the medication does not indicate the child's dosage by age.

\_\_\_\_\_ I understand that medications are not to be kept in the possession of my child; medications shall be turned in to the appropriate administrative staff of this facility.

\_\_\_\_\_ I will not hold the facility liable for any adverse reactions experienced by my child as a result of any medication for which I have authorized the administering of.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

### Public School Information

Please provide the following information if your child attends Public School.

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

School Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Grade: \_\_\_\_\_

I am enrolling my child in the following program: (Chose One)

\_\_\_\_\_ Before School Only

\_\_\_\_\_ After School Only

\_\_\_\_\_ Before & After School

I am enrolling my child in the following program: (Chose One)

\_\_\_\_\_ No School Days Only

\_\_\_\_\_ No School Days and one of the selections from above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

## **General Permission for Field Trips**

I (print name) \_\_\_\_\_, hereby give permission for my Child (print name) \_\_\_\_\_, to join Discovery Learning Center on unscheduled field trips to local parks, ball fields and schools within walking distance of the center.

I understand that I will be informed of each Scheduled field trip at least 2 weeks in advance that is away from the center and is outside of what is described above. I also understand that I will be asked to give my authorization for my child to attend each scheduled field trip activity on a separate form.

I acknowledge that Discovery Learning Center will follow all state and local laws including but not limited to child to staff ratios and child safety seats/boosters when leaving the Center property.

*Restrictions for my child:*

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Parent/Guardian Signature

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Date

## Parent's/Guardian's Permission To Apply Sunscreen To Child

Name of Child \_\_\_\_\_

As the parent or guardian of the above child, I recognize the too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at Discovery Learning Center to apply a sunscreen product of SPF-45 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of May through September and between the daily times of 8 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arm, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the container.
- I have provided the following brand/type of sunscreen for use on my child of at least SPF of 45 (no arousals): \_\_\_\_\_
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:  
\_\_\_\_\_

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parents,

We wanted to take this opportunity to tell you about an exciting program that we utilize called HiMama. This program provides a comprehensive view of your child's day and makes signing your child in and out for the day a breeze. This website also allows parents/guardians the ability to log on at any time and see a daily report for their child through out the day. At the end of the day a detailed report is sent to your email.

The daily report will include:

- When, what, and how much your child eats
- When he/she sleeps
- Toileting (for infants and toddlers)
- His/her mood
- Activities throughout the day
- Supplies they need (clothes, diapers, wipes, etc.)
- Any other notes that need to be addressed

Additionally parents/guardians will also be able to communicate with their child's teacher throughout the day by logging in to HiMama.

Website Address for HiMama: <https://www.himama.com/>

Email: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

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

## PHOTOGRAPHY RELEASE & AUTHORIZATIONS

I (print name) \_\_\_\_\_, do \_\_\_\_\_, do not \_\_\_\_\_, give consent for Discovery Learning Center to take photographs of my child (name of child) \_\_\_\_\_, and use the photographs for the purpose of advertisement including but not limited to internet, TV, Newsprint and billboards. I understand that no financial benefits from the use of the photographs are obligated to be paid to me or my child.

*Restrictions:*

I (print name) \_\_\_\_\_, do \_\_\_\_\_, do not \_\_\_\_\_, give consent for Discovery Learning Center to take photographs of my child (name of child) \_\_\_\_\_, and use the photographs for the purpose of internal use with limited public access including HiMama, classrooms and public areas within the building.

*Restrictions:*

I acknowledge that Discovery Learning Center is equipped with 24-hour video surveillance system which is for internal purposes only to help promote the safety and security of children, staff and the center. If at any time it is necessary for parents/guardians to review video of their child, they will only be permitted to view pertinent video of their child in the center including classrooms where other children may be present. **Discovery Learning Center** pledges to keep all information about your child and your family confidential.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Policy & Procedure Acknowledgement**

Child's Name: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. **Deposit:** A deposit equal to one week's tuition and a registration fee of \$50.00 is required upon registration.
2. **Tuition Fees:** Tuition is due each Monday by 5:30 p.m. Tuition payments may be made by cash, check, money order, or credit/debit card.
3. **Late Payment Fees:** I understand a late fee will be assessed to my account for tuition payments not received by the close of business day Monday. Also, a **service charge of 18% APR** will be added to all accounts in excess of 5 days past due and I am also liable for all legal and collection fees.
4. **Late Pick Up Fees:** I understand my account will be charged **\$1.00 for each minute after closing**, beginning at 6:01 p.m. Late fees are assessed regardless of circumstances. This also applies to illness-related pick ups (see "Illness").
5. **Withdrawal Notice:** I understand that in order to withdraw my child's enrollment, a **two (2) week written advance notice is required**. If I withdraw my child without giving the proper two (2) week advance written notice, I will be responsible for paying for two (2) weeks tuition after the last date of attendance.
6. **Collection Fees:** I understand if a balance is maintained on my account, I will be notified of the balance. I will be given reasonable opportunity to dispute charges, if necessary. If payments, or payment arrangements, are not made on undisputed charges, my account will be referred for collection. On the day my past due account is sent to collection agency, my account will be charged a **collection fee of \$200.00 plus any postage fees** incurred during the entire collection process. In addition, I will be responsible for all applicable court costs, attorney fees and fees charged to Discovery Learning Center on my behalf by the collection agency.
7. **Observed Holidays:** New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Thanksgiving Day After, Christmas Eve, and Christmas Day.
8. **Center Closings:** I understand in the event the local school districts close for inclement weather, the director will make a decision as to whether or not the center will be closed. If the decision is made to close the center, this will be broadcast on KWQC-TV6 ([www.kwqc.com](http://www.kwqc.com)). Notification about the closing will also be posted on our voicemail. If the North Scott School System is called off early due to inclement weather, the director will make a decision as to whether or not the center will also close. If the decision is made to close the center parents/guardians will need to pick up their children as soon as possible. Discovery Learning Center reserves the right to make the decision to close independent of whether or not the local school districts close. All inclement weather days will be charged at the regular rate.
9. **Illness:** I understand I may not bring my child to the facility if (s)he is ill. I will be notified if my child has to leave the center due to illness. I understand I have one (1) hour from the time of notice to pick up my child. The Illness Policy is located within the Parent Handbook of Policies & Procedures. **Late fees of \$1.00 per minute will apply after one (1) hour.**
10. **Food Brought from Home:** I understand that I should not bring food for my child to the center. Healthy meals and snacks are provided which meet the USDA recommendations. Store brought treats (such as cupcakes) for special occasions may be brought in original sealed container with ingredients list.
11. **Absence/Vacation Policy:** So that we can maintain the highest quality of education and care for all children, **your child's tuition fees must be paid in full regardless of his/her attendance**. This policy applies to absences for any reason including illness, family vacation and center closings such as observed holidays and severe weather closings.
12. **Diapers, Wipes, Formula, Infant Food and Spare Clothing:** I agree to provide two full sets of clothing (all ages), premade bottles with formula/breast milk (labeled with child's full name), infant food for children 6-12 months old, enough diapers and wipes that will be needed each day.
13. **Acknowledgement:** I have received a copy of the current Parent Handbook of Facility Operational Policies & Procedures and understand by enrolling my child, I am agreeing to the terms set forth. I agree to keep a copy of the policies for future reference.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date