



Little Lambs Learning Center

424 Forest Ave.
Glen Ellyn, IL 60137
pdo@geumc.org
630-942-0226

CONSENTS TO CHILD CARE PROVIDERS

NAME OF CHILD _____

Parent(s) or legal guardian(s) may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes **Little Lambs Learning Center Employees** to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. _____ is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize **Little Lambs Learning Center Employees** to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE

I/we authorize **Little Lambs Learning Center Employees** to administer prescribed medicine to my/our child as specified in written instructions. *This includes diaper creams and sunscreens.*

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize **Little Lambs Learning Center Employees** to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we understand that all such trips are under the supervision of the above named persons and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

PHOTOS

I/we authorize **Little Lambs Learning Center Employees** to take pictures of my/our child. Pictures will be used for educational purposes and will only be shared with other parents of Little Lambs Learning Center via the child care app. No pictures will be shared on social media.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child