I hereby grant permission for my child to use all play equipment and participate in all the program activities of the care provider’s home**.\_\_\_\_\_\_\_\_\_\_\_(Initials)**

I hereby grant permission for my child to leave the care providers home under the supervision of the care provider for neighborhood walks or field trips in authorized vehicles. **\_\_\_\_\_\_\_\_\_(Initials)**

Ihereby grant permission for my child to be transported by Family Home Child Care Society in their van to resource mornings and/or play dates. **\_\_\_\_\_\_(Initials)**

I hereby grant permission for my child to walk to and from the care providers home in order that she/he may attend school and agree that the care provider is not responsible for him/her during this time**.\_\_\_\_\_\_(Initials)**

 Ihereby grant permission for my child to be included in pictures connected with the Family Home Child Care Program. Example: our website & Facebook **\_\_\_\_\_\_\_(Initials)**

I hereby agree that I have received a copy of the Parent Handbook from the Agency/Care Provider of the Family Home Child Care Society. **\_\_\_\_\_\_(Initials)**

I hereby grant permission for the care provider to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

a) Attempt to contact parent or guardian.

b) Attempt to contact the child’s physician.

c) Attempt to contact you through any person listed as emergency

 contact(s) that you have given us.

d) If care provider cannot contact you or your child’s physician,

 she will do any or all of the following:

1. Call another physician
2. Call an ambulance
3. Have the child taken to emergency room in the company of the care provider

e) Any expenses incurred under (d), will be the parent’s/guardians responsibility. **\_\_\_\_\_(Initials)**

Child(ren’s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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