

# Bright Horizons® Informed Consent

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

## ACCESS

I will have access to the center without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

## CHILD RELEASE

For a child's safety, Bright Horizons will release a child only to parent(s)/legal guardian(s) or to the third parties I authorized below. Parents/guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

- At least two people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding box below. Emergency contacts will be contacted if parents/guardians cannot be reached.
- If the person picking up is listed below, but does not pick up the child regularly, I will notify the center **verbally, in advance**. Verbal authorization is not permitted for any person not listed on this form.
- If the person picking up is **NOT** listed below, I must notify the center/school **in writing, in advance**. (Note: In RI, parents/guardians must also provide notice in person and in writing.)
- Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

## THE FOLLOWING PEOPLE (WHO ARE NOT PARENTS/GUARDIANS) ARE AUTHORIZED TO PICK UP MY CHILD.

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?

☐ YES

☐ NO

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?

☐ YES

☐ NO

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?

☐ YES

☐ NO

Bright Horizons will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused and we will attempt to contact the other parent/guardian or authorized persons. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

## WALK PERMISSION

Weather permitting, children may go on walks supervised by staff in the surrounding area. Infants and young toddlers are transported in a buggy or stroller. Children may be taken to the areas listed below, which are not part of our licensed premises.

- ☐ I give permission for my child to participate in walks.

Preschool and school-age children may take field trips. A separate **Field Trip Permission Slip**, describing the activity, will be sent home for signature.

PARENT/GUARDIAN INITIALS: \_\_\_\_\_

## PHOTOGRAPHY & VIDEO PERMISSION

Bright Horizons regularly takes photographs and videos of children enrolled for its business purposes. Bright Horizons retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. They may be shared with you and other families on a Bright Horizons' website, by e-mail, by posting in the center, or in a parent newsletter. They may be used to better communicate with families, to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. They may be used for other center, general business, and marketing purposes, including online. Bright Horizons takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner.

- ☐ I give permission for Bright Horizons to take photographs and videos of my child and use these materials for its business purposes.

## CHILD ILLNESS

If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious; and 2) can participate in group care. The Family Guide contains Bright Horizons' full Child Illness Policy, including protocols for contagious illnesses.

## FAMILY GUIDE ACKNOWLEDGEMENT

By signing below, I acknowledge and agree that: 1) in addition to this Informed Consent, I received the Bright Horizons Family Guide or client equivalent, as well as any center-specific information and relevant state policies; 2) it is my responsibility to read and familiarize myself with all these materials and address any questions with center management; and 3) I will abide by these materials.

### I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



Annual parent/guardian review and signature is required by Bright Horizons and some state licensing agencies. If any changes are necessary, a new form will be completed.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
REVIEW DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
REVIEW DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
REVIEW DATE

## CHILDREN'S INJURIES

If my child sustains a minor injury during care, I will receive an Occurrence Report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is on the face or head, or requires medical attention.

## EMERGENCY MEDICAL CARE

If emergency medical attention is needed for my child, \_\_\_\_\_, the center will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize Bright Horizons to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to \_\_\_\_\_ my preferred facility, if possible.

Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

\_\_\_\_\_  
CHILD'S HEALTH INSURANCE PROVIDER

\_\_\_\_\_  
NAME OF INSURED

\_\_\_\_\_  
POLICY NUMBER



# BRIGHT HORIZONS ENROLLMENT AGREEMENT

Welcome to Bright Horizons! We look forward to a healthy and happy relationship with your family. The following policies were created to promote the smooth operation and safety of the program while providing care for the children.

## TUITION AND FEES

- Please specify the days and hours your child, \_\_\_\_\_ will attend:  
Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_  
If your hours change in any way, notify Bright Horizons immediately. Tuition rates will be adjusted to reflect any permanent change in hours.
- You are required to give one month's notice in writing of any reduction in your child's schedule, or in the case of a client center, the notice required by your employer. Tuition will be reduced to the new rate thirty (30) days after notice is received. If your child's schedule changes in any way, Bright Horizons cannot guarantee that a space will be available.
- Tuition of \$\_\_\_\_\_ is due in advance each \_\_\_\_\_ via online recurring payment, where available, or by payroll deduction if available through your employer. Tuition will not be reduced for any absences, including vacations, illnesses, or holidays. You will be charged for any other hours of care in addition to your child's usual schedule. Bright Horizons reserves the right to change tuition rates and you will be notified of any change at least thirty (30) days prior to its implementation. Tuition is based on ratios in assigned classrooms.
- Your first tuition payment of \$\_\_\_\_\_ will reserve your child's space. If Bright Horizons is unable to provide a space for your child, this payment will be refunded.
- When you withdraw your child, you must give at least thirty (30) days written notice **prior to withdrawal**, or in the case of a client center, the notice required by your employer. You agree to pay all tuition and fees for the thirty (30) days following your notice to the Center, even if your child is not in attendance.
- Tuition is paid in advance and is due by:
  - The 25th of the prior month, for monthly payments.
  - The prior Friday, for weekly payments (where applicable).
  - Other: \_\_\_\_\_ (where applicable).If the full tuition is not received when due, a late fee of \$\_\_\_\_\_ per day will be added until the tuition is paid in full. Although payments may be split between parents or supported by a subsidy, each parent is responsible for timely payment of the full tuition. If payment is delinquent for one week or more, care may be suspended until the full balance is current and your child's space will not be reserved. Tuition is due regardless of a child's absence from the program for any reason, and is required to hold a child's space.
- A non-refundable registration fee of \$\_\_\_\_\_ is due at the time of registration, if applicable. A re-registration fee is due annually and subject to change. If your child withdraws from the program and later re-enrolls, a new registration fee is due at that time.
- A late pick-up fee of \$\_\_\_\_\_ per child is payable for each minute your child(ren) remains after closing. This fee is subject to change.
- A \$25.00 fee will be charged for a check returned for insufficient funds. If this occurs more than once, Bright Horizons may require payment by another method for enrollment to continue.
- Your child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event. Notices will be posted in advance. A signed permission slip will be required in order for your child to participate in a field trip.
- If your tuition is subsidized, any misrepresentation of gross household income or subsidy status may result in dismissal from the program and/or retroactive charges for all underpaid tuition.

## COMINGS AND GOINGS

- The Center is open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., Monday-Friday. The Center is closed for certain holidays. The Center's hours and holiday schedule are set and posted annually, but may be changed at any time with thirty (30) days' prior notice.
- The Center will be open whenever possible on a regularly scheduled day, during usual business hours. The procedure for notifying families of closures or late openings due to severe weather or other conditions will be posted. If it is necessary to close early, it will be your responsibility to arrange for your child's early pick up. There will be no tuition credit for any time the Center must close.
- Your child will only be released to you or to the persons you have listed on the *Informed Consent Form/Child Release*. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified on the *Child Release* to pick up your child, you must notify Center management in advance, in writing. **Your child will not be released without prior written authorization.**
- Late pick-up is an exceptional occurrence and not a normal program option. It can be distressing for children to be left in the care of others after-hours. Staff work long days and expect to leave at the end of their scheduled times. Please allow enough time to arrive at the Center, pick up your child and leave by closing time. If a child has not been picked up after closing and we have not heard from you, we will attempt to contact you and then the emergency contacts listed on the *Child Release*. Provisions will be made for someone to stay with your child as long as possible, but if we are unable to reach you or an emergency contact after two hours, we will call the local child protective services agency and/or the local police as required by state licensing. Repeated late pick-ups may result in dismissal from the program.
- Bright Horizons legally cannot deny access to or release of a child to either parent/guardian, unless there is an active restraining order, a specific schedule of court-ordered visitation rights, or other Court Order in place. If the family is not in agreement or the situation is unclear, we will require the family to return to the court to resolve their differences.

## MEDICAL POLICIES

- Prior to enrollment, you must give the Center current medical and immunization records for your child, which must be updated annually. Children without appropriate, current medical records may not attend the Center.
- If you are notified that your child is ill, you must pick up your child within 90 minutes. If your child is absent due to a reportable disease, your child may return only with a physician's note indicating that he or she is no longer contagious (see the *Child Illness Policy* in the *Bright Horizons Family Guide*).
- We will administer medication as outlined in our *Medication Policies* (see the *Bright Horizons Family Guide*).
- In case of emergency, you agree that Bright Horizons has your permission to administer first aid or to obtain emergency medical treatment in the child's best interest (see the *Informed Consent Form/Emergency Medical Care*).
- Student accident insurance is provided by Bright Horizons. This is a **secondary insurance that will help defray the cost of out-of-pocket medical expenses** which are not covered by a family's primary insurance and **relating to an injury while the child is in the program.**

## MISCELLANEOUS

1. In an effort to maintain the professional status of our staff and prevent any potential conflict of interest, babysitting by Center staff is discouraged. However, should you hire any Center staff, it must be outside the Center premises and with the understanding that such arrangement and payment for services are solely between you and the staff member. These arrangements are not sanctioned by the Center, client, or by Bright Horizons, and you agree to hold Bright Horizons harmless from any liability arising from such arrangement. In addition, if a staff member leaves Bright Horizons' employment to work for you within six (6) months of his or her departure; you agree to pay a placement fee of \$5000.
2. It is our expectation that a child can be safe in our group program without dedicated one on one care. If Bright Horizons is concerned that your child's needs are not being met in our group program, we will involve you in the process of identifying the issues and working toward resolution. However, if after reasonable and appropriate interventions have been tried, Bright Horizons determines that your child cannot participate safely in our group program, we may require that your child be suspended until our concerns are adequately addressed. If Bright Horizons believes, in its sole discretion, that the actions of a parent or guardian are disruptive, inappropriate or inconsistent with the Center's best interests, it may elect to end its relationship with the family.

This Enrollment Agreement is not intended to be all inclusive. Other terms and conditions of your child's enrollment are contained in our Family Guide. Your enrollment is also subject to all of Bright Horizons' policies and procedures which may change from time to time. Your tuition is subject to adjustments to reflect changes in your child's schedule and/or classroom as he/she ages up through our program.

I acknowledge that I have received a copy of the *Bright Horizons Family Guide*, which is intended to supplement this Agreement. I understand it is my responsibility to contact Bright Horizons with any questions I have about the information contained in the *Family Guide* or any document relating to enrollment policies and procedures.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director: \_\_\_\_\_ Date: \_\_\_\_\_



## BRIGHT HORIZONS ENROLLMENT AGREEMENT ADDENDUM

Parents are responsible for understanding and complying with the following safety policies to protect your children and allow for smooth operation of our programs. These policies supplement those reflected in the Enrollment Agreement, the Informed Consent and the Family Guide. **Repeated failure to comply with these policies (either separately or in combination), may result in your family's disenrollment from the Center.**

### TUITION AND FEES

Late Pick-up Fees:	<b>\$1.00 per minute per child</b>
Sign-in/out failure fees:	<b>\$25 second failure</b> <b>\$50 third failure</b> <b>\$150 fourth and subsequent failure, plus any fine assessed against the</b>

**Center**

### COMINGS AND GOINGS

**Late Pick-ups:** Children are expected to be picked-up in a timely manner when their program ends, and the late pick-up policy applies for every program. Late pick-up may be excused if there is a common problem or an emergency impacting a group of parents. Late fees are charged at a rate of \$1.00 per minute per child, and are due to the school within 48 hours. Each late pick-up will result in a written notice with the applicable charge, which will be recorded in the school office. The third notice will be considered the final notice, with disenrollment occurring on the 4<sup>th</sup> event.

**Authorized Pick-ups:** As fully described in the Informed Consent, E.D.S. can only release a child to those persons identified on the signed Authorized Pick-up list, unless the parent provides advance written notice with parent signature. The written notice may be provided in the parent log or a scanned note attached to an email. Anyone picking up a child must be prepared to provide a photo ID.

**Unreported Absences:** If a child does not arrive as scheduled, it is cause for alarm and immediate action by staff to locate the child. If parents fail to notify E.D.S. in advance of an absence for any reason (illness, emergency, vacation, play dates, early pick-up from school, etc.), this will result in a written notice. The third notice will be considered the final notice, with disenrollment occurring on the 4<sup>th</sup> event.

**Signing In and Out:** Parents or parent-authorized adults are required to sign a child in/out to meet the requirements of our license. Failure to do so may result in administrative action and financial penalties assessed against the School by the California State Department of Social Services. E.D.S. staff will only sign children in or out that are going to or coming directly from the elementary school. If you fail to properly sign your child in or out, the following consequences will apply:

**First failure:** You or a person on your authorized pick-up list will be called and required to return to the center to sign your child in or out or to pick up your child. If you do not return, disenrollment will result.

**Second failure:** You will be required to return and fined \$25 payable to the center within 48 hours.

**Third failure:** You will be required to return and fined \$50 payable to the center within 48 hours.

**Subsequent failures:** You will be required to return and to pay \$150 per additional incident in addition to any fine assessed against the Center.

This Enrollment Agreement is not intended to be all inclusive. Other terms and conditions of your child's enrollment are contained in our Family Guide. Your enrollment is also subject to all of Bright Horizons' policies and procedures which may change from time to time. Your tuition is subject to adjustments to reflect changes in your child's schedule and/or classroom as he/she ages up through our program.

I acknowledge that I have received a copy of the *Bright Horizons Family Guide*, which is intended to supplement this Agreement. I understand it is my responsibility to contact Bright Horizons with any questions I have about the information contained in the *Family Guide* or any document relating to enrollment policies and procedures.

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

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

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

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

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

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

Signature Center Director: \_\_\_\_\_

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

For office use only: Record of Policy Notices

Date	Reason & Notes	Notice #

## Sunscreen and Insect Repellent - Permission

Sunscreen and insect repellent should be applied to a child at least once at home to test for any allergic reaction. Aerosol sprays are prohibited.

Sunscreen/sun block must provide UVB and UVA protection with an **SPF of 15 or higher**. Sunscreen **may not** be used on infants under **6 months** of age unless accompanied by a doctor's note.

Insect repellent may only be used if recommended by public health authorities or requested by a parent/guardian. The repellent must contain a concentration of **30% DEET or less**. Insect repellent **may not** be used on infants under **2 months** of age. Oil of lemon eucalyptus and para-methane products may not be used on children under the age of three.

All sunscreen/sun block and insect repellent provided by a parent/guardian must be:

- provided in the original container;
- clearly labeled with the child's full name;
- within the expiration date;
- appropriate for the age of the child; and
- free of nut ingredients.

I give Bright Horizons permission to apply (*name of sunscreen*) \_\_\_\_\_  
and/or (*name of insect repellent*) \_\_\_\_\_  
when outdoor conditions warrant and consistent with package instructions (subject to any special instructions below) to my child, \_\_\_\_\_ >

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (not to exceed one year)

### Special Instructions

Sunscreen/Sun Block: \_\_\_\_\_

Insect Repellent: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)





### **Enrichment Acknowledgement and Activity Policy**

Bright Horizons E.D.S. provides an array of wonderful experiences for the children. Parents have the option to sign children up to participate in enrichment or recreational programs outside of E.D.S. The Parks and Recreation Department offer on-site enrichment classes at each campus. There may also be Girl Scouts, Boy Scouts and sport programs. Please understand the following policies are in effect if your child is going to participate in activities that take place on their regular scheduled E.D.S. day:

- Enrichment class instructors/coaches/troop leaders' **full, legal names** must be added onto each child's Bright Horizons Child Release Form as an authorized pick up. Children cannot be released to any adult without prior, written parental consent.
- All children must be picked up and signed out by the designated enrichment instructor/ coach/troop leader or other parent-authorized adult.
- Children scheduled to return to Bright Horizons Schools E.D.S. must be escorted and signed back into E.D.S. by the parent-authorized adult.
- Parents need to notify their E.D.S. center if their child will be picked up directly from the after school activity.
- Bright Horizons Schools E.D.S. is not responsible for missed enrichment classes.
- Bright Horizons Schools E.D.S. is not responsible for children once they have been released from our care and direct supervision.

Our priority is for the safety of every child in our care and it is critical that the E.D.S. faculty know where each child is at all times.

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**I acknowledge that I have received a copy of the Bright Horizons E.D.S. Enrichment Acknowledgement and Activity Policy.**

**I understand that it is my responsibility to contact E.D.S. with any questions, and make any changes in writing that are in effect during the time my child is in E.D.S. care and supervision.**

CHILD'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

#### **Enrichment Authorizations**

I / We agree that the following Enrichment Instructor(s)/Coach(es)/Troop Leaders are authorized to sign my child out of EDS for onsite class(es) only for this school year. The authorized adult(s)' full names are:

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



**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL☐ OTHER

EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION \_\_\_\_\_

DATE LEFT \_\_\_\_\_

**PHYSICIAN'S REPORT—CHILD CARE CENTERS**  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

BRIGHT HORIZONS/MARIN DAY SCHOOLS . This Child Care Center/School provides a program which extends from 7 : 30  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:30 a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/d (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ 7 /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner



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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
  - \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
  - \* Live in out-of-home placements.
  - \* Have, or are suspected to have, HIV infection.
  - \* Live with an adult with HIV seropositivity.
  - \* Live with an adult who has been incarcerated in the last five years.
  - \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
  - \* Have abnormalities on chest X-ray suggestive of TB.
  - \* Have clinical evidence of TB.
- 

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_  
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_  
NAME

. THIS CARE MAY BE GIVEN UNDER

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

\_\_\_\_\_  
CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

( )

\_\_\_\_\_  
WORK PHONE

( )



**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME		SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST
	DINNER	LUNCH
		DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

## **Rights of the Licensing Agency: Section 101200 (b) & (c)**

The Department or Licensing Agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff members. The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed for copying if necessary.

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Child's Name

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Parent/Guardian Signature

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Date

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Center Director Signature

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Date



*new!*

# California Car Seat Law Changes

EFFECTIVE JANUARY 1, 2017



## NEW ADDITION

Starting January 1, 2017, children under 2 years old must be rear facing unless they weigh 40 pounds or more, or are 40 inches tall or more.

Children must be properly buckled in a car seat which is rear facing until age 2

## CURRENT LAW

Children under age 8 must be buckled into a car seat or booster in the back seat.

Children age 8 or older, or who are 4'9" or taller, may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat.

Everyone in the car must be properly buckled up.

Most children will outgrow an infant seat before age 1

- The next step is a convertible car seat.
- Rear facing is 5 times safer than forward facing.
- The American Academy of Pediatrics recommends that children ride rear facing to the highest weight or height allowed by the car seat manufacturer.

## Kaitlyn's Law

It's against California law to leave a child who is 6 years of age or younger alone in the car without the supervision of a person at least 12 years old if:

1. The keys are in the ignition or the car is running, or
2. There is a significant risk to the child.

## FINES & PENALTIES

For each child under 16 who is not properly secured, parents (if in the car) or drivers can be fined more than \$500 and get a point on their driving records.

Keep your children safe. It's the law!



We're always with you.®

For answers to your child safety seat questions, contact your local health department or visit [cdph.ca.gov/vosp](http://cdph.ca.gov/vosp).