

**CONSENTS TO HARPER COLLEGE CHILD LEARNING CENTER**

*The Department of Children and Family Services (DCFS) is requiring that all parent(s) or legal guardians placing their child in the car of this program be asked to sign any/all of the following consents. Please complete this form (both sides) and return it to our office immediately so that your child's file may be properly updated. Thank you in advance for your cooperation.*

Child's First Name:	Child's Last Name:
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**EMERGENCY MEDICAL CARE**

This authorizes The Harper College Child Learning Center to secure Emergency Medical Care for my/our child when I/we can not 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

**HEALTH INFORMATION ACCESS**

I/we grant authorization to The Harper College Child Learning Center supervisor and my child's program teachers to have access to my/our child's health information.

Date:	Signature of Parent / Guardian	Relationship to Child
Date:	Signature of Parent / Guardian	Relationship to Child

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize The Harper College Child Learning Center 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

\*\*\* PLEASE COMPLETE BOTH SIDES\*\*\*

<b>APPLY SUNSCREEN</b>		
I/we authorize The Harper College Child Learning Center to apply sunscreen to my/our child at least once a day when required. I/we understand that I/we will be responsible for the initial application of the day and the center staff will ensure sunscreen is applied for a second application of the day if my child is at the center long enough to necessitate this. I/we also understand that we must provide the sunscreen clearly labeled with our child's name.		
Date:	Signature of Parent / Guardian	Relationship to Child
Date:	Signature of Parent / Guardian	Relationship to Child

<b>WALKING TRIPS ON TH HARPER COLLEGE CAMPUS</b>		
I/we authorize The Harper College Child Learning Center to take my/our child on walking trips around the Harper College campus. I/we understand that all trips are under the supervision of staff from the Harper College Child Learning Center 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

<b>CHILD PICK UP</b>		
I/we authorize only		
Name:	Phone:	
Name:	Phone:	
to pick up my/our child when I am/we are unavailable		
Date:	Signature of Parent / Guardian	Relationship to Child
Date:	Signature of Parent / Guardian	Relationship to Child

\*\*\* PLEASE COMPLETE BOTH SIDES\*\*\*