Kids Academy

Form Of Consents

By signing the below consents, you are giving permission to Kids Academy to perform/complete the following authorizations yearly, as long as your child is enrolled with us.

Medical Emergency Consent:
I authorize Kids Academy to arrange for emergency medical treatment of my child in the event of a medical emergency that requires immediate treatment.

Signature of Parent/Guardian_____Date:_____

Neighborhood Walks:

I give permission to Kids Academy to take my child on occasional neighborhood walks.

Signature of Parent/Guardian_____Date:_____

Video Taping/Picture Taking:
I agree that Kids Academy take pictures and video tape my child as part of the Center's annual program and occasionally include them on the website without using their names.

Signature of Parent/Guardian_____Date:_____

Administering Prescriptions:
I authorize Kids Academy to administer prescribed medicine to my child per written instructions of my child's physician.

Signature of Parent/Guardian_____Date:_____

Parents Handbook/Rules and Regulations:
I have received and read the Kids Academy Parent Handbook. I understand that I must follow the operational and financial requirements of the handbook as they pertain to me.

Signature of Parent/Guardian_____Date:_____

Discharge Determination Policy:
Any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of care offered by Kids Academy, or whose presence is detrimental to the group, shall be discharged from the facility. The child's parents needs shall be considered by planning with the parent(s) to meet the child's needs when he or she leaves the facility including referrals to other agencies or facilities.

I, the parent of _____, have read and understand the statement regarding the Discharge Determination Policy.
Signature of Parent/Guardian_____Date:_____

Developmental Screening:
I give permission to Kids Academy to administer a developmental screening to my child with an Early Childhood Screening Tool. The information shall be shared with the parents at the Parent/Teacher conference.

Signature of Parent/Guardian_____Date:_____

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Form Of Consents Continued

Sunscreen:

I _____, the parent of _____

(Parent/Guardian) (Child's Name)

Give Kids Academy permission to apply the ***sunscreen*** that I have provided for my child.

_____ _____

Parent/Guardian Signature Date

Diaper Rash Cream:

I _____, the parent of _____

(Parent/Guardian) (Child's Name)

Give Kids Academy permission to apply diaper rash cream that I have provided for my child.

_____ _____

Parent/Guardian Signature Date

Other Creams/Lotions:

I _____, the parent of _____

(Parent/Guardian) (Child's Name)

Give Kids Academy permission to apply other creams/lotions that I have provided for my child.

_____ _____

Parent/Guardian Signature Date