

## Kid Builders Consent Form

**Child Name:** \_\_\_\_\_ **Food Allergies:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### Product Application Authorization

Antibiotic Ointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insect Repellent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sunscreen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diaper Cream (Infant-Todd)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baby and Disposable Wipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lotion	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Health Information - List medications, allergies, and health information *if any*

Regular Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Special Health Conditions: \_\_\_\_\_

**If Yes, Explain** \_\_\_\_\_

I acknowledge that the types and brands of products listed above supplied by Kid Builders may vary. I acknowledge that it's my responsibility to supply the following products for my child: Insect Repellent, Sunscreen, Diaper Cream, and Baby Wipes. I signify by my signature below to authorize application of product application and confirm information provided in the health information above is accurate and complete.

### Waivers / Classroom Placement

I give permission for Mattawan Consolidated Schools or Paw Paw Public Schools to transport my child via school bus to and from Kid Builders throughout the school year. I also give permission for my child to participate in outdoor water/sprinkler play.

**School-Age:** I give permission for my child to be enrolled in a school-age classroom at 57 months of age when developmentally appropriate and at the staff discretion.

I also signify by my signature below that my child is in good health and has immunizations that are up to date. If there is an activity restriction, please list:

Activity Restriction is: \_\_\_\_\_ if none listed, it will be understood there are NO activity restrictions for my child.

I also signify that the public school, that my child attends, has the immunization record or appropriate waiver on file.

**Preschooler:** I give permission for my child to be enrolled in the 3yr old classroom at 33 months and 45 months in the 4yr old classroom when developmentally appropriate and at the staff discretion.

### Photography and Videography Consent and Security Cameras

I give my permission for our child's photo to be taken while in care for school use. I also give permission for my child to be videotaped during special performances or special activities to share with parents. I also understand that Kid Builders East/ West will have cameras recording in the classroom. These cameras are not available for parent viewing and will be exclusively used for staff to view for safety and surveillance reasons. Kid Builders East and West may have security cameras in the classrooms. These cameras are for the owner/program director viewing only.

**Consent to Medical Care and Treatment and Health Statement** I signify by my signature below that in the event I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Kid Builders East/Kid Builders School-Age Program/ Kid Builders West and its employees and their associated LLC's and corporations harmless. I signify that I will maintain health insurance on my child to cover all medical cost that may occur related to an injury or accident that occurs while in the care of staff at Kid Builders east and Kid Builders West. I will be personally responsible for co-pays, deductibles, and anything else that insurance will not cover. I also signify by my signature that my child is in good health and has immunizations that are up to date with no activity restrictions unless listed on first page.

**Consent for ASQ Assessments:** The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

I have read the information provided in the parent handbook about the Ages & Stages Questionnaires, and I wish to have my child participate in the screening/monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.

I signify by my signature below to authorize all Consent statements. This includes: Permission for Medical Consent, Product Application, Health Information, playground waiver, classroom placement, photography/videography/ Security consent, outdoor water/sprinkler play, bus transportation to and from school and ASQ Consent.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

