

CCM's Parent Signature Page
for Emergency Treatment and other Actions

- ❖ Please read each segment carefully so that you fully understand each action for which you are granting permission.
- ❖ Indicate next to each bullet, with your initials, granting or denying permission.

Child's Full Name: _____ Date of Birth: _____

To Remain in Child's Record

1. EMERGENCY ACTION: I give my permission to Children's Center of Monrovia to take whatever emergency measures (e.g., first aid, disaster evacuation) are judged necessary for the care and protection of my child while under the supervision of the childcare provider. ____yes ____no
2. EMERGENCY TRANSPORT: In case of a medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. Director or Owner will accompany the Child. ____yes ____no
3. ACT ON PARENTS BEHALF: It is understood that, in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. ____yes ____no
4. POISON: Children's Center of Monrovia has taken every precaution to ensure that potential poisons are out of the reach of the children we care for. In the event that an accidental ingestion should occur, however, our staff will consult the Poison Control Center. ____yes ____no
5. PHOTO/PUBLICITY RELEASE: I give Children's Center of Monrovia permission to use photographs of and amusing quotes from my child for educational or promotional purposes, in any type of media, including our school bulletin boards, CCM's website, our Facebook page and newsletters. Your child's name will only be used for in-house displays and our newsletter. I understand that I will not be paid or rewarded for providing authorization. ____yes ____no

In the act of signing this document, I acknowledge that I have carefully read each and every item and do understand that I am giving permission for any of the above actions that may/may not be taken.

Parent/Guardian Signature: _____ Date: _____