KEW BEACH DAYCARE – SCHOOL AGE
SUMMER UPDATE - 2015

PLEASE COMPLETE IN FULL FOR BOTH PARENTS

CHILD'S NAME: _____   **D.O.B.** _____

	PARENT	**PARENT**

NAME. _____   _____

ADDRESS _____   _____

_____   _____

WORK ADDRESS:

_____   _____

Tel Bus. _____   _____

Tel Home. _____   _____

Tel Cell. _____   _____

Email:_____

Alternate Emergency Contact:_____

Tel .Home:_____   **Tel. Bus:** _____

Tel. Cell: _____

ANY MEDICAL OR HEALTH INFORMATION WE SHOULD BE AWARE OF REGARDING YOUR

CHILD: _____

OTHER RELEVANT INFORMATION _____ _____

_____

SIGNATURE OF PARENT: _____ .

DATE: _____ .

CONSENT FOR APPLICATION OF SUN SCREEN

In striving to keep children safe and healthy Kew Beach Daycare, in accordance with Health Canada, requires you to supply sunscreen with an SPF 15 or more for your child. Children will apply sunscreen to exposed skin 15-30 minutes prior to going outside.
I understand that it is my responsibility, and agree to supply sunscreen of SPF 15 or higher every day for my child.

Child: _____

_____   _____
Parent signature   Date

If my child should run out of sunscreen I authorize staff to provide daycare sunscreen for a maximum period of 5 days, I understand that it is my responsibility to provide a new bottle of sunscreen within this time period.

_____   _____
Parent signature   Date

CONSENT FOR APPLICATION OF INSECT REPELLANT

If you want Insect Repellant applied to your child you must provide an Insect Repellant with 10% DEET or less. The insect repellant will be applied according to the directions on the label, after sunscreen and to exposed skin only (excluding children's hands and faces).
Check only one
- ○ I will provide an Insect Repellant with 10% DEET or less to be applied to my child prior to going outside <u>every day.</u>
- ○ I will provide an Insect Repellant with 10% DEET or less to be applied to my child prior to going outside <u>only on days that I request it in writing.</u>
- ○ I do not want Insect Repellant applied to my child.

_____   _____
Parent signature   Date

KEW BEACH DAYCARE CO-OPERATIVE
101 KIPPENDAVIE AVENUE
TORONTO, ONTARIO
M4L 3R3

CONSENT FORM:
Child's Name: _____

TRIP CONSENT:
I hereby give consent for my child to go on trips/outings with Kew Beach Daycare Co-operative.

Signed: _____(Parent/Guardian) Dated: _____

MEDICAL CONSENT:
I hereby authorize the staff of Kew Beach Daycare Co-operative to obtain the necessary medical care in the case of illness or emergency by contacting my family doctor or another physician or a hospital.

Signed: _____(Parent/Guardian) Dated: _____

MEDICATION CONSENT:
I hereby authorize designated staff of Kew Beach Daycare Co-operative to administer any prescription medication to my child upon my request.

Signed: _____(Parent/Guardian) Dated: _____

EMERGENCY CONTACT:
I hereby authorize the staff at Kew Beach Daycare to contact the following people in the case of an emergency if neither parent is available. **(NOT PARENTS)**
Name: _____Res #:_____ Bus #: _____
Cell: _____

Name: _____Res #: _____ Bus #: _____

Cell: _____

Signed: _____Dated: _____

ESCORT CONSENT:
I hereby authorize Kew Beach Daycare Co-operative to allow my child to be release to the following people (state relationship)

1. _____2. _____

3. _____4. _____

Signed: _____Dated: _____

The consents above are valid for a period of fourteen months from the date of signing.

Please fill out the form below, this information will be laminated and will accompany staff any time your child is outside the daycare building. Also please attach a current photograph of your child. A head and shoulder shot is required. Should any of the information change please advise the daycare office.

Thank you for your co-operation.

MEDICAL CONSENT

I hereby authorize the staff of Kew Beach Daycare to obtain the necessary medical care in the case of illness or an emergency by contacting my family doctor or another physician.

SIGNED_____   DATED _____

Childs name	**Parents Name**
D.O.B.	**Address**
	Phone # (B) **(H)**
Dr. Name	**(cell)**
Dr. Address	**Work Address**
Dr. Phone #	**Parents Name**
Allergies/reminders	**Address**
	Phone # (B) **(H)**
Alternate Emergency Contact	**(Cell)**
(H) **(B)**	**Work Address**
(C)_____	

KEW BEACH DAYCARE
CONSENT FOR CHILD TO ADMINISTER ABHR (Alcohol- Based Hand Rub)

I give permission for my child, _____, to self-administer ABHR (alcohol- based hand rub) containing 70% to 90% alcohol under staff supervision . ABHR will only be used when hand washing with soap and running water is not available and my child's hands are not visibly soiled.

This consent is valid for fourteen months from the date of signing.

_____   _____
Parent Signature   Date

_____   _____
Witness Signature   Date