



Name of child: _____ Date of Birth: _____

ACCESS

I will have access to the center without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

CHILD RELEASE

For a child’s safety, CCUV will release a child only to parent(s)/ legal guardian(s) or to the third parties authorized on their emergency contact sheet. Parents/ guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

- *At least two people other than parents/ guardians must be listed and designated as emergency contacts.
- *Emergency contacts will be contacted if the parents/ guardians cannot be reached.
- *If the person picking up does not pick the child up regularly, I will notify the center in advance.
- *If the person picking up is not listed on the emergency contact form, I **must notify the center in writing.**
- *Photo ID will be required if the person(s) picking up is unfamiliar to the staff at CCUV.

The Children’s Center of the Upper Valley will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused and we will attempt to contact the other parent/ guardian or authorized persons. If alternative arrangements cannot be made, New Hampshire Department of Youth and Children will be notified and/ or Lebanon Police Department will be notified.

WALK PERMISSION

Weather permitting; children may go on walks supervised by staff in the surrounding area. Infants and young toddlers are transported in a buggy or stroller. Children may be taken to the areas indicated below, which is not part of our licensed premises.

___ I DO give permission ___ I DO NOT give permission

___ Parking Lot ___ Unfenced grass area ___ In the wood line

Before any group leaves CCUV property, a separate Field Trips Permission Slip describing the activity will need to be signed.

Parent/ Guardian Signature

Date



Name of child: _____ Date of Birth: _____

PHOTOGRAPHY & VIDEO PERMISSION

The Children's Center of the Upper Valley takes care that any use, display or dissemination of photographs or videos of children is accomplished through a thoughtful manner. CCUV regularly takes photographs and videos of children enrolled. They may be shared a number of ways. Please mark below where you **DO** give consent for them to be used:

Website Classroom Newsletter Center Newsletter Facebook Marketing Tools

OBSERVATION ACKNOWLEDGEMENT

With the approval of the Program Director, area students occasionally observe the Children's Center programs and their children. I give permission for my child to be observed in these cases. If your child is selected by the student teacher, you will receive an additional permission page to sign and you have the right to obtain a copy of the information gathered.

CHILD ILLNESS

I have read and understand the illness policy at CCUV and understand that if my child becomes ill, I will be notified. I may be required to pick up my child as soon as possible (within 90 minutes at most). I also understand that a child *must* remain out of the center until he/ she is symptom free without medications (Tylenol, ibuprofen etc.) for 24 hours unless a doctor's note is provided which states that the child is 1.) not contagious; and 2.) is able to participate in group care with no restrictions. Inside CCUV's Parent Handbook a complete policy is posted.

CHILDREN'S INJURIES

If my child sustains a minor injury during care, I will receive an accident report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is on the face or head or requires medical attention.

EMERGENCY MEDICAL CARE

As stated in the family handbook, CCUV staff will make a reasonable attempt to reach me and then my listed contacts. If CCUV's attempts are unsuccessful, I authorize them to call an ambulance to transport my child for medical treatment to the closest hospital or _____. Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need-to-know basis, and state licensors for compliance.

Parent/ Guardian Signature

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Date