

# INFORMED CONSENT



MECHANICSBURG LEARNING CENTER

Child's Name: \_\_\_\_\_

## 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, MLC will release a child only to parent(s)/legal guardian(s) or to the third parties authorized below. 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 one person other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding box below. Emergency contacts will be contacted if the parents/guardians cannot be reached.
- ❖ If the person picking up is listed below, but does not pick up the child regularly, I will notify the center **verbally, in advance**. Verbal authorization is not permitted for any person not listed on this form.
- ❖ If the person picking up is **NOT** listed below, I must notify the center/school **in writing, in advance**.
- ❖ Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

## THE FOLLOWING PEOPLE (WHO ARE NOT PARENTS/GUARDIANS) ARE AUTHORIZED TO PICK UP MY CHILD.

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?  YES  NO

NAME

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE

CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY?  YES  NO

MLC will not release a child to anyone who appear 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, the local child protective services agency and/or local police will be called, as required by state licensing.

## OFF-SITE CARE PERMISSION

I understand that I will drop my child off at their assigned MLC location. In the event of an emergency or all-day care, my child may be cared for at another licensed MLC location. I agree to pick up my child at the pre-arranged, designated alternate location when applicable.

- I give permission for my child to be cared for at any MLC location.

## IEP/IFSP

Does your child have an IEP/IFSP?  YES  NO

- If yes, I agree to provide MLC with the most recent copy of my child's IEP/IFSP for their file.

## PHOTOGRAPHY & VIDEO PERMISSION

The Mechanicsburg Learning Center regularly takes photographs and videos of children enrolled for its business purposes. MLC retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgement. They may be shared with our and other families on MLC's website, by email, by posting in the center, or in the agency newsletter. They may be used to better communicate with families., to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. They may be used for other center, general business, and marketing purposes, including online. MLC takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner.

- I give permission for the Mechanicsburg Learning Center to take photographs and videos of my child and use these materials for its business purposes.

## CHILD ILLNESS

If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious; and 2) can participate in group care. The Parent Handbook contains MLC's full Child Illness Policy, including protocols for contagious illnesses.

## PARENT HANDBOOK ACKNOWLEDGEMENT

By signing below, I acknowledge and agree that: 1) in addition to this Informed Consent, I received the MLC Parent Handbook, as well as any center-specific information and relevant state policies; 2) it is my responsibility to read and familiarize myself with all these materials and address any questions with center management; and 3) I will abide by these materials.

**I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Six (6) month parent/guardian review and signature is required by the Mechanicsburg Learning Center and some state licensing agencies. If any changes are necessary, a new form will be completed.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
REVIEW DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
REVIEW DATE

## 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 injuring produces any swelling, is on the face or head, or required medical attention.

## EMERGENCY MEDICAL CARE

If emergency medical attention is needed for my child, \_\_\_\_\_, the center will attempt to contact me, or the emergency contacts listed (if I cannot be reached). I authorize the Mechanicsburg Learning Center to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to \_\_\_\_\_, my preferred facility, if possible.

Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. Staff may view my child's health information, on a need-to-know basis, and state licensors for compliance.

\_\_\_\_\_  
CHILD'S HEALTH INSURANCE PROVIDER

\_\_\_\_\_  
NAME OF INSURED

\_\_\_\_\_  
POLICY NUMBER