Checklist for Compliance

☐ Information Sheet

☐ Letter from the child’s physician (indicating that s/he is free from any communicable disease or condition that would endanger the health/welfare of others at the daycare)

☐ Immunization record from the child’s physician

☐ Introduction for bulletin board

☐ Emergency plan for any allergies or chronic health condition (diabetes, asthma, etc…)

☐ Permission for emergency medical treatment

☐ Permission for field trips

☐ List of person(s) for authorized release

☐ Letter from caregiver(s) physician (indicating that s/he is free from any communicable disease or condition that would endanger the health/welfare of others at the daycare)

☐ Initial (and then annual) documentation of negative Mantoux TB test

☐ Training in CPR

☐ Training in First Aid

☐ Training in Universal Precautions

☐ Training in child abuse and neglect reporting requirements
Information Sheet

Child’s name:
Child’s address:

Gender: □ Male □ Female

Parent/Guardian 1  Name:
Address:

Phone number(s):

Parent/Guardian 2  Name:
Address:

Phone number(s):

Parent/Guardian 3  Name:
Address:

Phone number(s):

Emergency Contact (other than parent/guardian)

Name:

Phone number(s):
Permission for Emergency Medical Treatment

I (name) __________________________ give permission for my son / daughter (circle one),
(name) ___________________________ to receive emergency medical treatment should the
need arise while in the care of Sunflower Daycare Coop.

Signature ______________________________

Insurance company:
Policy holder (name):
Membership number:
Group number:

Important medical information:

(a copy of this will be held next to the door)
Permission for Field Trips

I (name) ___________________________ give permission for my son / daughter (circle one), (name) ____________________________ to participate in short field trips leaving the premises of Sunflower Daycare Coop (508 E 9th Street, Bloomington, IN). I understand that most will involve trips in the stroller to nearby locations such as the Mathers Museum, the public library, or Dunn Meadow (the parent in charge will leave a note with a cell phone number where the group can be reached). Any longer trips involving vehicle transportation will be discussed in advance by all members of the co-op since this requires the use of child safety seats.

Signature ______________________________
**List of Person(s) for Authorized Release**

We can release a child only to the individual(s) listed on this form. Anyone who is not a caregiver (parent/guardian) at Sunflower will be asked to show photo identification. If an unauthorized person arrives asking to pick up the child, the parent/guardian will be notified immediately. In the event of an emergency, a parent/guardian can also call the daycare to authorize a one-time pick-up by an individual who is not on the list.

Each child must be signed in and signed out each day.

All person(s) authorized to pick up the child must be at least sixteen (16) years old.

If only one parent has custody of the child, the parent must notify Sunflower of this fact and provide a certified copy of the court order confirming that the other parent is not authorized to have visitation rights. If there is any change in the legal custody of the child, the parent must provide written documentation confirming the change.

Please list anyone you expect to pick up the child on a regular basis, including parent/guardian.

For (child’s name) ________________________________

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