

State of Illinois  
Department of Children and Family Services

**CONSENTS TO DAY CARE PROVIDERS**

NAME OF CHILD \_\_\_\_\_

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

**EMERGENCY MEDICAL CARE**

This authorizes \_\_\_\_\_  
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will  
be responsible for the emergency medical charges upon receipt of the statement. \_\_\_\_\_  
is the preferred doctor/clinic/hospital.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize \_\_\_\_\_ to administer prescribed medicine to my/our child as  
specified in the prescription's directions for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER OVER-THE-COUNTER MEDICINE**  
(Administer only in accord with the appropriate standards for licensure)

I/we authorize \_\_\_\_\_ to administer over-the-counter medicine to my/our  
child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

## CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____	_____	_____	_____
	Name	Address	Phone
and/or	_____	_____	_____
	Name	Address	Phone
and/or	_____	_____	_____
	Name	Address	Phone

to pick up my/our child when I am/we are unavailable.

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

## SWIMMING

I/we consent to my/our child using the swimming pool of \_\_\_\_\_  
Name of Provider

at \_\_\_\_\_  
Address

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_