

**COLUMBIA GROUP FAMILY DAYCARE
OVER THE COUNTER TOPICAL OINTMENTS**



PROVIDER: _____

Child Name: _____ D.O.B.: _____

I _____, give _____
(Parent Name, printed) (Provider Name)

Permission to apply the following :

- Diaper rash _____ to be applied ___ times a day OR as needed
(Name of ointment)
- Sunscreen _____ to be applied ___ times a day OR as needed
(Name of lotion/cream/spray)
- Insect repellent _____ to be applied ___ times a day OR as needed
(Name of repellent)

Additional information:

Signature: _____
(Parent's signature)

Date: _____

Reminder:

This program does not administer prescribed ointments/creams or medications

**COLUMBIA GROUP FAMILY DAYCARE
FEEDING SCHEDULE**



For: _____
(Child's Name)

D.O.B.: _____

I _____,
(Parent's Name, printed)

Will supply _____ with _____ bottles of prepared
(Provider Name)
_____ formula to be fed _____ times a day.
(Name of formula)

Give permission to on-site provider to prepare _____
(Name of formula)
For _____ bottles per day, to be fed _____ times a day.

Will also provide:

_____ Bottles of water, to be fed _____ times a day

_____ Bottles of juice, to be fed _____ times a day

_____ Yogurt, to be fed _____ times a day

_____ Puree fruit, to be fed _____ times a day

_____ Cereal, to be fed _____ times a day

Additional Notes:

Signature: _____
(Parent's signature)

Date: _____

COLUMBIA GROUP FAMILY DAYCARE

SLEEPING AND NAPPING ARRANGEMENT

I understand that my child _____ while under the care of
(Name of child)

_____ will be napping on a _____ in _____
(Name of provider) (cot/mat/bed or crib) (Area of the home)

of the provider's home. He or she will be supervised. If my child is an infant, I also understand that my child will be placed on his/her back to sleep.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, _____ with the understanding
(Name of child)
that the family will be notified as soon as possible.

PERMISSION FOR OUTDOOR ACTIVITIES

The provider _____ and staff may take my child _____
(Name of provider) (Name of child)

for short walking trips and any other activities checked below as part of the daycare program activities:

- Provider's backyard
- Neighborhood Park
- Other

(Name of parent/guardian, printed)

(Signature of parent/guardian)

(Date)

