BUMBLE DAYCARE BASIC RELEASE

FOR MY CHILD:_____

THIS RELEASE ALLOWS (provider name) OR HER APPOINTED SUBSTITUTE TO ADMINISTER CPR IF NEEDED.

IT IS UNDERSTOOD THAT THE PERSON DOING SO IS CERTIFED.

IT ALSO ALLOWS THEM TO APPLY THE FOLLOWING NON-PRESCRIPTION ITEMS TO _____

DIAPER RASH OINTMENT OR CREAM
SUNSCREEN
FIRST AID CREAMS
BURN CREAMS AS NEEDED.
OTHER_____

IT IS AGREED THAT I WILL BE INFORMED OF ANY OF THE ABOVE AS SOON AS POSSIBLE IF USED OR PERFORMED.

PRESCRIPTION MEDICATIONS WILL BE ADMINISTERED AT THE DISCRETION OF BUMBLE DAYCARE ON AN INDIVIDUAL BASIS AND MUST BE IN ORIGINAL CONTAINERS. IF YOUR CHILD IS UNDER TWO YEARS OF AGE THE MEDICATION MUST BE ACCOMPIED BY A DOCTORS NOTE. A MEDICATION LOG WILL BE USED FOR THIS, AND KEPT IN YOUR CHILDS FILE.

IT IS ALSO UNDERSTOOD AND PERMISSION GIVEN THAT MY CHILD MAY BE DRIVEN IN (providers name) VEHICLE IF THE NEED ARISE.

IT IS UNDERSTOOD THAT THE DAYCARE MAY HAVE A SWIMMING POOL AND A WADING POOL IN THE SUMMER AND PERMISSION IS GIVEN FOR _____ TO USE THEM AND THAT THE CHILDREN WILL BE SUPERVISED AT ALL TIMES WHEN THEY ARE IN USE.

THIS RELEASE ALSO RELEASES THE DAYCARE AND PERSONS AS STATED ABOVE FROM ANY LIABILITY FROM ANY ACCIDENT OR INJURY WHICH MY OCCUR REGARDING THE ABOVE.

PARENT SIGNATURE:_____

PROVIDER SIGNATURE:_____