Matteo’s Place Bilingual Preschool **Informed Consent** ![Icon

Description automatically generated]()

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Release**

For a child’s safety, Matteo’s Place will release a child only to parent(s)/Legal guardian(s) or to the third parties I authorize below. Parents/Guardians are required to provide a current copy of any relevant Custody Order. Third part pick up is subject to the following rules:

-At least two people 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 parent /guardian 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 **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 FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE # AND/OR CELL PHONE

E-MAIL

CONTACT IN CASE OF EMERGENCY? YES \_\_\_ NO\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE # AND/OR CELL PHONE

E-MAIL

CONTACT IN CASE OF EMERGENCY? YES \_\_ NO\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE # AND/OR CELL PHONE

E-MAIL

CONTACT IN CASE OF EMERGENCY? YES \_\_\_ NO\_\_\_

Matteo’s Place will not release a child to anyone who appears to be 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 person.

**WALKING PERMISSION**

Weather permitting, children may go on walks supervised by staff in the surrounding area.

\_\_ I give my child permission to participate in walks.

**Photography & Video Permission**

Matteo’s Place takes care that any use, display, or dissemination of photographs or video of children is accomplished in a safe manner. Matteo’s Place regularly takes photographs and videos of children enrolled. They may be shared with you and other families through email or

They may also be used to better communicate with families, to illustrate the daily curriculum, to chronical a child’s development, or to document center activities. Additionally, they may be used for other center, general business, and marketing purposes.

\_\_\_ I give permission to Matteo’s Place to take photographs and videos of my child and use these materials as described above.

\_\_\_ I give permission to Matteo’s Place to take photos and videos of my child and to only use those pictures for curriculum purposes, documenting my child’s progress and communication with me and other families.

**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 provides a note stating that the child is not contagious; and 2) can participate in group care.

**Children’s Injuries**

If my child sustains a minor injury during care, I will receive an Occurrence Report when I pick-up describing the incident. I will be contacted immediately if the injury 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 Matteo’s Place to call an ambulance to transport my child for medical treatment to the closet 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. My child’s health information may be viewed by staff, on a need to know basis, and state licensor for compliance.

Child’s Health Insurance Provider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number

**Family Guide Acknowledgement**

By signing below, I acknowledge and agree that: 1) in addition to this Informed Consent, I received Matteo’s Place 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**

Annual parent/guardian review and signature is required by Matteo’s Place. If any changes are necessary, a new form will be completed.

Parent/Guardian Review Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Review Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Review Date