

SLEEPING & NAPPING

_____ I give my permission for my child (ren) _____, _____, while under the care of **MS. MICHELLE'S CHILD CARE SERVICE**, to nap on a [cot, mat, bed or crib] in [Bedroom #1] of the provider's home. He/she will be supervised at all times. If my child is an infant, I understand that my child will be placed on his/her back to sleep.

_____ I don't give permission for my child/children to nap while under the care of **MS. MICHELLE'S CHILD CARE SERVICE**. I understand that my child/children will still be supervised at all times.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

_____ I give authority/consent for **MS. MICHELLE'S CHILD CARE SERVICE**, to take my child/children, _____, _____ for emergency medical treatment if necessary. I also understand that the childcare will notify me immediately.

_____ I don't give authority/consent for **MS. MICHELLE'S CHILD CARE SERVICE**, to take my child/children for emergency medical treatment. I want to be notified immediately and I will make the necessary decisions regarding medical care.

PERMISSION FOR OUTDOOR EXCURSIONS

_____ I give permission for **MS. MICHELLE'S CHILD CARE SERVICE**, to take my child and/or children out on excursions within walking distance and away from childcare. I also give permission for **MS. MICHELLE'S CHILD CARE SERVICE**, to take my child/children to any other activities outside childcare such as; walks, parks, or any other excursion with complete supervision of **MS. MICHELLE'S CHILD CARE SERVICE**.

_____ I don't give permission for **MS. MICHELLE'S CHILD CARE SERVICE**, to take my child and/or children out on excursions within walking distance/away from childcare or any other outside activities.

_____/_____
Name: Parent/Guardian

_____/_____
Signature Date