



Human Development Center

# Early Learning Center Enrollment Packet

Please ensure that all enrollment forms in this packet are completed and signed where indicated. ***Please note that enrollment is not complete until ALL forms, fees, and documents have been received by the ELC office.*** A form marked "optional" is still required; the form has an "opt-out" clause on the form itself.

- Family Registration Form (attach child photo)
- Medical History/Authorization for Treatment of Minors
- Financial Agreement
- Enrollment Agreement
- Emergency Plan
- Medication Administration Policy
- Consent to Photograph
- Parental Authorization for Medication (optional)
- Permission to Apply Topical Ointments/Sunscreen (optional)
- Permission for Water Play (optional)

Additionally, please include copies of the following documents:

- Parental Driver's License or LA Identification
- Current Immunization Record

# Family Enrollment Form

Admission Date

## Your Child's Picture

Please attach your child's picture in front of this page.

**Please Print Clearly (\*required field)**

Parent/Guardian #1  Mother  Father

Sole Parent/Guardian

\*First Name  MI  \*Last Name

\*Home Address

\*Occupation or Job Title  \*  Faculty  Staff

\*LSUHSC School or Department

- Allied Health Professions   
  Medicine   
  Nursing   
  Public Health  
 Graduate Studies   
  Dentistry   
  Administration   
  Facilities   
  Housekeeping

Other School or Department

\*Cell Phone  \*Office Phone

\*Work Address  \*Work Hours

Home Phone

\*Email  Driver's License State  #

\*Marital Status

- Married   
  Single   
  Divorced   
  Separated   
  Widowed  
 Custodial Parent

Parent/Guardian #2  Mother  Father

*First Name		MI		*Last Name	
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*Home Address	
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*Occupation or Job Title		* <input type="radio"/> Faculty <input type="radio"/> Staff <input type="radio"/> Not an LSUHSC Employee
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\*LSUHSC School or Department

- Allied Health Professions   
  Medicine   
  Nursing   
  Public Health  
 Graduate Studies   
  Dentistry   
  Administration   
  Facilities   
  Housekeeping

Other School or Department	
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*Cell Phone		*Office Phone	
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*Work Address		*Work Hours	
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Home Phone	
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*Email		Driver's License	State		#	
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\*Marital Status

- Married   
  Single   
  Divorced   
  Separated   
  Widowed  
 Custodial Parent

## Child Information

*Date of Birth	mm/dd/yyyy
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*First Name		MI		*Last Name	
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*Name Child Prefers to Be Called	
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*Child's Address	
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\*Gender  Male  Female  Other

\*List any existing health concerns, conditions, medications and/or special attention your child may require.

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*Food Allergies	<input type="checkbox"/> None	List	
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*Other Allergies	<input type="checkbox"/> None	List	
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*Dietary Restrictions	<input type="checkbox"/> None	List	
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*Pediatrician's Name		Phone	
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Address	
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*Dentist's Name		Phone	
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Address	
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Photograph: May we take and maintain a photo of your child for security and/or emergency purposes?  Yes  No

# Emergency Contacts and People Authorized for Pickup

ALL persons (excluding parents/guardians) will be required to show state- or government-issued picture identification upon the initial pickup or dropoff. Copy of IDs will be kept on file. In the case of immediate sickness or emergency, the FIRST person listed below will be contacted if we are unable to reach the parent or guardian in a timely manner.

## 1<sup>st</sup> Contact/Pickup

Full Name	<input type="text"/>	Phone	<input type="text"/>
Relationship to Child	<input type="text"/>		
Name Child Uses to Address This Person	<input type="text"/>		

## 2<sup>nd</sup> Contact/Pickup

Full Name	<input type="text"/>	Phone	<input type="text"/>
Relationship to Child	<input type="text"/>		
Name Child Uses to Address This Person	<input type="text"/>		

## 3<sup>rd</sup> Contact/Pickup

Full Name	<input type="text"/>	Phone	<input type="text"/>
Relationship to Child	<input type="text"/>		
Name Child Uses to Address This Person	<input type="text"/>		

*In addition to the persons listed above, my child has permission to be released to the following individuals, child care facilities, or transportation services in the event that the parent or guardian cannot be reached or arrive at the center in a timely manner.*

Full Name as appears on ID	Phone Number	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Family Identification Code: Authorized Written Emergency Release

On rare occasions, emergencies arise during which parents and the authorized persons listed above cannot pick up the child from the center. On these occasions parents may need to contact another trusted friend or neighbor who can immediately pick up the child. An authorization code is to be given by the Parent to an ELC staff member (via phone or when prompted). This code is not to be used for any other reason. Please be advised that this code, when given to an Administrator or staff member, allows authorized HDC ELC personnel to release a child into the care and custody of the person to whom the parent has given the authorization code for release. Below indicate a four (4)-digit code known only to the parent(s) for release of a child in the case of an EMERGENCY to an UNAUTHORIZED pick-up person. The code will be clearly written down along with the date of release, the person's full name, contact number, address, and relationship to child, on all forms of notification of release (e-mail, phone call, and fax) and verified before releasing the child. ID will be required for release. Parents are allowed to change the code at any time during enrollment.

***HDC Early Learning Center reserves the right to deny access to any person regardless of approval if the person appears to be impaired or intoxicated.***

Authorization Code (4 Digits)

# Child's Medical History/Consent for Treatment

Name of child

Birth date mm/dd/yyyy

## Medical History (Completed by Parent or Guardian)

- \*Do you consider your child to be in good health?  Yes  No
- \*Is your child allergic to anything?  Yes  No

If yes, please specify:

- \*Is your child allergic to latex or rubber gloves?  Yes  No
- \*Is your child currently under a doctor's care?  No  Yes

### If yes, for what reasons?

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies                | <input type="checkbox"/> Heart Defect             |
| <input type="checkbox"/> Anemia (Non-sickle-cell) | <input type="checkbox"/> Hepatitis                |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Kidney Disease           |
| <input type="checkbox"/> Cerebral Palsy           | <input type="checkbox"/> Limited Physical Ability |
| <input type="checkbox"/> Congenital Birth Defect  | <input type="checkbox"/> Seizures/Epilepsy        |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Sickle-cell Anemia       |
| <input type="checkbox"/> Ear Infections           | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Eczema                   | <input type="checkbox"/> Vision                   |
| <input type="checkbox"/> Hearing                  | Other <input type="text"/>                        |

- \*Is your child on any medication?  No  Yes

If yes, what?

Will the medication need to be administered at the center?  Yes  No

How often?

- \*Any previous hospitalizations or operations?  No  Yes

If yes, when and what for?

- \*Does your child have any physical disabilities?  No  Yes

If yes, describe



8. \*Any developmental disabilities?  No  Yes

If yes, please describe

## Agreement for Emergency Medical Care and Transport

I understand that in the case of a serious medical emergency, a copy of this form, along with a copy of my child's Family Registration Form, will be sent to the nearest Emergency Medical Facility with pediatric admittance by emergency transport. I hereby grant permission to the ELC Director or designee to obtain medical, surgical, or emergency dental care for my child in the event of an accident, injury, or illness that requires such actions before I am able to be present or grant permission for required emergency services. My permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any medical, dental, and/or surgical procedures that are deemed essential to preserve the life and well-being of my child. This may include examination and any test(s), which, in the opinion of the physician or dentist, are deemed necessary or advisable.

\*Signature

\*Relationship to child

\*Print Name

\*Contact Number

\*Emergency Contact Name

\*Relationship to the child

\*Phone Number

\*Pediatrician's Full Name

\*Pediatrician's Phone Number

\*Dentist's Full Name

\*Dentist's Phone Number

\*Health Insurance

\*Policy Number

***\*I authorize the staff and administration of the HDC Early Learning Center to secure emergency medical treatment for my child.***

Parent's Signature

Date

## HDC Office Use

HDC ELC Signature

Date

# LSUHSC Human Development Center Early Learning Center Enrollment Agreement

*Please initial each section listed below, sign and date the last page.*

\_\_\_\_\_ **ENROLLMENT FEE:** I understand that a \$175.00 non-refundable registration fee must be received in order to ensure my child's enrollment. I understand that if the fee is not received by the due date on my admissions offer letter a member of the ELC team will contact me. I will be given 2 work days to pay the registration fee after which time the space will be offered to the next family on the waiting list.

\_\_\_\_\_ **SUPPLY FEE:** I understand that a non-refundable classroom supply fee of \$100.00 must be paid prior to my child's enrollment date.

\_\_\_\_\_ **TUITION:** I understand that the rate negotiated to me of \$  is the current monthly tuition rate for the program. LSUHSC employees receive a 20% discount. I understand that monthly tuition rates are subject to change with reasonable notice, as conditions require.

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition will automatically be deducted from my payroll. I understand that no tuition credit will be issued for announced holidays, staff meetings, and Professional Development closures.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late fee of \$10.00 per day that tuition is not received. I understand that if my account is delinquent for more than 1 week, I may be asked to withdraw my child until my account is made current.

\_\_\_\_\_ **LATE PICKUP:** I understand that I must pick up my child by 5:00 PM. I understand that I will be billed \$5.00 for each 5-minute increment I am late picking up my child (e.g. 5:01–5:05; 5:06–5:10; 5:11–5:15 PM, etc., and \$5.00 for every minute after 5:30 PM). I understand that should my child remain at the center longer than 1 hour after the set closing time with no contact from the parent or other person authorized for pickup, the State of Louisiana mandates that the Louisiana Department of Children and Family Services be contacted.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee of \$35.00 will be charged to my account for all checks/ACH debits that are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks or ACH debits are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. I am responsible for the principal amount plus all returned check fees.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child as soon as possible but at least within one hour of notification, and/or make arrangements for an authorized emergency contact person to pick up. If my child is exposed to or contracts a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to guidelines in the Family Handbook. I understand that when my child is absent or misses school that my child's tuition will not be prorated or discounted.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2)-week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will be eligible for re-admission based on availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Packet at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand that all fees are nonrefundable.

\_\_\_\_\_ **FORMS:** I have read and signed all mandatory enrollment information, which includes the discipline policy, photo waiver, and emergency authorization for treatment form. I understand that I must keep my child's health, immunizations, and other records up-to-date at all times. Past-due immunizations may require my child to miss school until they are completed. No discounted tuition will be given.

\_\_\_\_\_ **ADDITIONAL RELEASE CONTACTS:** I understand and agree that if I wish my child released to any person other than the persons listed on the Authorized Pickup form, I must notify HDC ELC in writing via emergency release form with my security code information. NO PHONE CALL RELEASE WILL BE ACCEPTED WITHOUT MY AUTHORIZED FAMILY SECURITY PASSCODE. All contacts must provide government-issued identification.

\_\_\_\_\_ **FAMILY HANDBOOK:** I understand that the Family Handbook is available online.

***All charges and fees are subject to change, and annual fee schedules will be provided.***

***I understand the terms and conditions of the LSUHSC-HDC Early Learning Center enrollment agreement. I agree to abide by the terms while my child is enrolled at the ELC.***

Child's Name			
Parent/Guardian Signature		Date	

# LSUHSC HDC Early Learning Center Emergency Plan

***In the event of ANY TYPE OF EMERGENCY or SERIOUS INJURY, LSUHSC CAMPUS POLICE WILL BE DISPATCHED TO THE CENTER IMMEDIATELY***

## **EVACUATION**

There are several hazardous situations that could call for an evacuation of the ELC. The most common would be a fire in or near the facility, or an evacuation order issued by the local police, fire, or other government authority. A fire within the building will be announced by the sounding of the fire alarms/smoke detectors designated by the facility. A verbal order to evacuate for any other reason will be given only by the ELC Director or the HDC first floor leader.

**Infants and Young Toddlers:** Unless otherwise directed, the children will be transported together by evacuation cribs, strollers, hand-to-hand walking, and/or wagons. The center has three certified evacuation cribs with wheels and a weight limit of 200 lbs. each. If the emergency is limited to the HDC building only, staff and children will be moved to the designated assembly area, which is a minimum of 50 feet away from the building.

**LSUHSC Lions Center Clinic, 2020 S. Gravier St., New Orleans, LA 70112**

The following responsibilities are to be assumed by all Administration, Teachers, and Staff when the alarm is sounded:

- Lead teachers will quickly survey the immediate care area and any adjacent bathrooms, closets, vacant rooms, and hallways to ensure everyone is beginning the evacuating process when the alarm is sounded.
- Each lead Staff will be responsible for accounting for the children in their immediate care and all other staff working with them by verifying and taking the classroom sign-in sheets.
- The ELC Director or designated staff member will be responsible for picking up the children's emergency binder (RED) located in the center office. It shall contain all enrolled children's emergency contacts and authorized pickups. The evacuation pack will also be taken to the assembly area.
- When safely in the assembly area, each lead teacher will notify the ELC Director of the status of other staff and the children in their immediate care. If anyone did not evacuate the building, the person in charge will be made aware of the name and the last known location of that individual inside the building.
- Everyone will stay clear of the building until the "all clear" signal is given by emergency services to return to the building.

The ELC will conduct announced and unannounced fire drills every month, which will include all children and staff.

## **CHILDREN WITH SPECIAL NEEDS**

An individualized emergency plan shall be in place and located in the child's class classroom and the office emergency folder for each child with special needs. Children with special needs or medical concerns will be attended to by a specified staff member or group of staff members. Any equipment and/or medications that are on site for a child will be taken with the child in the event of a relocation or evacuation of the facility. Any additional medical or needed supplies will be placed into the ELC's evacuation supply pack.

## **EVACUATION AND RELOCATION**

In the event of a situation requiring relocation outside of the immediate area of the facility, such as notification by emergency services personnel of a hazardous or chemical spill requiring relocation, structural or building collapse, or other danger threatening the safety of occupants of the immediate area of the facility, all staff and children will be relocated as a group to the pre-designated relocation site at least two miles from facility unless otherwise directed by emergency services personnel. The ELC director, or a designee, shall serve as the contact person for all evacuations.

### **LSUHSC Stanislaus Hall, 450 S. Claiborne Ave., New Orleans, LA 70112**

All staff members of the ELC involved in transporting will be familiar with the predetermined relocation sites. The ELC Director and/or the floor leader will ensure a notice of the relocation is posted on the parking gates to the HDC building which includes contact information. On arrival at the pre-designated relocation site, the ELC Director will direct selected staff to notify parents or guardians to come get their children at the designated relocation site.

The following responsibilities are to be assumed by all ELC teachers and staff during the relocation:

- Lead teachers in each care area will ensure all children in their care are present and accounted for by verifying sign-in sheets.
- The ELC director or designated staff will be responsible for picking up the children's emergency binder (RED) and emergency pack for transport to the pre-designated relocation site. The emergency evacuation pack is located in the center office (RED TOTE). The evacuation pack is always taken by the Director or designated staff. It shall contain: first aid supplies; diapers; wipes; hand sanitizer; facial tissue; paper towels; battery-powered flashlight; two-way radio; disposable cups; plastic bags; bottled water; and food for children including those under the age of four: ready-made formula, bottles, utensils, and ready-to-eat infant food; and any medications or equipment needed for children with special needs.
- Unless directed, the children will be transported by evacuation cribs, strollers, hand-to-hand walking, and/or wagons. Teachers and staff are not allowed to transport children in their own

vehicles. ONLY emergency-issued vehicles will be used for transport unless otherwise ordered by Emergency Management on the scene.

- When safely in the pre-designated relocation site, each lead teacher will verify that all children have arrived safely and notify the person in charge of the status of other staff and the children in their immediate care. Any medical needs or injuries will be brought to the attention of the person in charge and first aid or medical attention provided as necessary.
- Children will not be released except to an identified authorized pickup person.

## **SHELTER IN PLACE**

Sheltering in place will be used in emergencies such as severe storms, hazardous spills, or other life-threatening situations as directed by emergency services personnel. When the decision is made to take shelter inside the facility, the staff and children will remain in the building until the person in charge directs otherwise.

During severe weather, if windows are not felt to be secure, staff and children will be moved to interior rooms and hallways.

The facility will monitor the LSUHSC Emergency alert system if the National Weather Service (NWS) issues the following advisories:

1. Severe Thunderstorm Watch: Indicates that weather conditions are such that a thunderstorm may develop.
2. Severe Thunderstorm Warning: Indicates that a severe thunderstorm has developed and will probably affect those areas stated in the bulletin.
3. Tornado Watch: Means that weather conditions are such that a tornado may develop.
4. Tornado Warning: Means that a tornado has been sighted or indicated on RADAR and protective measures should be taken immediately.

In the event of a Tornado Warning:

- Staff and children will move to the first floor auditorium.
- The Director will ensure the evacuation pack and children's emergency file is with the staff and children in the shelter area.
- All teachers will have sign-in sheets.
- The ELC Director will verify all staff and children are accounted for and are in the Safe, Set, and Go position.
- When given the signal to "GO," all teachers, staff, and children will be placed facing the wall, protecting their head and face with their arms against the wall. Infants and young toddlers will be placed in evacuation cribs, with the wheels locked and a teacher stationed between each pair of cribs. When given the signal, all cribs will be covered completely with HEAVY sturdy blankets.
- Staff and children will stay in the auditorium until given an all-clear.

The center conducts tornado drills once per month in the months of March, April, May, and June at various times of the day, and includes all children and staff.

**Parent Reunification:** In case of the need to evacuate or when parents/guardians are unable to get to the children, the following procedures will be followed to reunite children with parents/guardians or other emergency contacts designated by the parent/guardian as soon as it is safe.

During an evacuation and relocation emergency, the center will adhere to the following child release policy: Children will be released only to those person(s) listed on the child's Emergency Contact/Release Form. The person(s) must show proof of proper identification and be verified by ELC staff. If a person arrives and is not listed on the form, the parent will be called and asked for the "family security passcode" and a verbal authorization of the pickup of the child by the individual. If the parent/guardian provides the passcode and verbally authorizes release to the person the child will be released. If either of these security procedures are not adhered to, the child will not be released to the person.

## Please read and sign the form below for verification LSUHSC-HDC Early Learning Center Emergency Plan

I, , parent/guardian of  
, have read and understand the above  
Emergency Plan for the LSUHSC Human Development Center Early Learning Center.

Parent Signature

Date



# LSUHSC HDC Early Learning Center Medication Administration Policy

## PROCEDURES FOR ADMINISTRATION OF MEDICATION

Occasionally, children will need to receive medication while at the ELC. A few extra minutes of communication with your child's teacher will confirm that medications are administered properly. In order for the ELC to assume that responsibility, the following guidelines must be followed:

*The following are Louisiana Health and Licensing regulations. No exceptions can be made.*

Parents must bring all medicine to the teacher. Please do not leave it with your child's belongings or in the cubby. This includes not only prescription and over-the-counter medications, but also medicated creams, ointments, and gels.

1. A medication authorization form must be filled out completely on a daily basis for each medication that is to be administered by staff.
2. Classroom teacher receives medication and medication authorization form.
3. Teacher will match medication label with authorization form and instructions.
4. Teacher will ask the parent/guardian these or other pertinent questions:
  - o When was the last time it was taken?
  - o How did you give the child the medication?
  - o What successful techniques do you use?
5. Medication will be placed in locked cabinet and dispensed as authorized.
6. Medication and form will be returned to parent/guardian at dismissal.

### Prescribed Medication

A Medication Authorization Form must be completed, and the medicine must be accompanied by the dated **Pharmaceutical Information Packet** that indicates the following information: child's name, medication, dosage, prescribing physician, dispensing pharmacy, and possible side effects.

The ELC will only administer prescription medications that are in the **original container** bearing the original label with the child's full name, pharmacy number and name, prescription number, date prescription was filled, physician's or prescriber's name and number, name of medication, strength, refills, quantity, manufacturer, expiration date, and directions for use and storage. You can ask the pharmacy to dispense with the medicine divided into two identical containers so that one can be used at the ELC.

### Non-Prescription Medication

A Medication Authorization Form must be completed on a daily basis. Also, a written authorized form signed by the child's doctor indicating the recommended use, date(s) of usage, possible side effects, child's name, and physician's contact information will be kept on file. Any over-the-counter medication

brought to the ELC must be in its **original, unopened container** and must include the Product's name, active ingredients, purpose of use, warnings, directions for use, expiration dates, inactive ingredients, and possible side effect. Nothing must block label and instructions.

- All medications are kept in a locked cabinet in the front office and sent home daily.
- ELC will not administer the first dose of any medication.

### **PARENT ADMINISTERING MEDICATION AT ELC**

If your schedule allows, you may wish to come during the day and give the scheduled medication to your child. Parents must still fill out a medication administration form and list the possible side effects. Please allow at least thirty (30) minutes after administering the medication for observation of your child at the ELC.

***\*\*NO FEVER-REDUCING MEDICATIONS WILL BE GIVEN AT THE CENTER AT ANY TIME\*\****

### **TOPICAL OINTMENT APPLICATION FORM**

The ELC will apply diaper ointment or topical skin lotions for those children who have a prescription for use daily. The Topical Ointment Application Form is solely for the purpose of diaper ointments, skin creams, and sunscreen. Please refer to the other Medication Forms for any other Medications that need to be administered. Parents are encouraged to apply a child's diaper ointment, skin cream, and sunscreen before before arriving at the ELC in the morning. A new ointment form will need to be filled out quarterly as needed. Discontinuation of application will occur at expiration date if a new form is not completed and filed.

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I, , the parent/guardian of  
, have read and understand the Medication  
**Administration Policy of the LSUHSC-HDC ELC.**

**Parent Signature**

**Date**

# LSUHSC HDC Early Learning Center Permission to Photograph

I, , give permission for the Human Development Center Early Learning Center to videotape, audiorecord, and photograph my child,

, for the following purposes:

Type and Purpose	(Please check one)	
	Grant Permission	Decline Permission
<b>STILL PHOTOGRAPHS</b>		
Display in classroom scrapbook, activities	<input type="radio"/>	<input type="radio"/>
Display in facility's bulletin boards, shown to current and prospective clients	<input type="radio"/>	<input type="radio"/>
Display still photos on LSUHSC child care Web site	<input type="radio"/>	<input type="radio"/>
Teaching or research	<input type="radio"/>	<input type="radio"/>
<b>VIDEOS</b>		
LSUHSC promotional video, electronic bulletin board, teaching, research	<input type="radio"/>	<input type="radio"/>
<b>ASSESSMENT DOCUMENTATION (used for educational and assessment purposes only)</b>		
TS GOLD Teacher Assessment: photos, audio, and video clips used for documentation of development predictors of school success which are aligned with the Louisiana Birth to Five Early Learning Guidelines	<input type="radio"/>	<input type="radio"/>

Only photos and/or classroom names will be displayed on the facility Web site or bulletin boards. NO children's names will ever be displayed.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

Parent or Guardian Signature

Date

# Medication Authorization Form

Medication Must Be in Its Original Container

Child's Name	
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By checking this box, I hereby deny ELC the right to give my child any medication.

Medication Name/Strength	
--------------------------	--

Dosage Amount/Frequency	
-------------------------	--

How to Be Given:  Oral  Topical  Other

Time(s) to Be Given	
---------------------	--

Date(s) to Be Given	
---------------------	--

Side Effects/Anticipated Reactions	
------------------------------------	--

Special Instructions (If Applicable)	
--------------------------------------	--

Parent Signature

Date

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\*If all information is not filled out completely, medication will not be given\*

## ADMINISTRATION DOCUMENTATION

DATE GIVEN	TIME GIVEN	DOSAGE GIVEN	Signature of PERSON GIVING MEDICATION

Signature of Person Completing Form

Date

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# Parental Permission to Apply Over-the-counter Topical Ointments and Sunscreen

Please Print - Complete ALL Fields

- I, , give permission to the HDC Early Learning Center to administer over-the-counter topical ointments to my child, . I understand that the item must be provided in its original container and labeled clearly with the child's full name and dispensary date.
- I, , **deny** permission to the HDC Early Learning Center to administer over-the-counter topical ointments to my child, .

Name of Ointment/Sunscreen			
Expiration Date	mm/dd/yyyy		
Amount			(specific)
From	mm/dd/yyyy		
To	mm/dd/yyyy	Permission may be given for up to twelve (12) weeks	

Apply to (check all that apply):

- All exposed skin    
  Diaper area

<input type="checkbox"/>	Other (specify)	
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When:

- After a bowel movement    
  After *each* diaper change    
  Water Play Days (Sunscreen)

<input type="checkbox"/>	Other (specify)		We cannot accept "as needed"
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Parent Signature

Date

--	--

*This form is to be updated quarterly or as needed.*

Parent Initials		Date	
Parent Initials		Date	
Parent Initials		Date	

# LSUHSC-HDC Early Learning Center Water Activities Permission Form

Permission Form Must Be Signed Annually

Choose one:

My child, , has permission to participate in the following types of water activities:

My child, , does NOT have permission to participate in the following types of water activities:

- water table inside and out
- outdoor soft water sprinkler

**Location of activity:** HDC Early Learning Center

**Description of all types of water activities included:**

- Water table inside OR outside with a water depth of 1–1½ inches, maximum 18 to 20 inches high.
- Activities for young children to play in water and use water tools and lightweight buckets.
- Sprinklers: Several soft-water sprinklers set up around playground area for children to walk/run through

Parent Signature

Date