



DAY CARE AGREEMENT
(RETURN COMPLETED FORM TO PARISH/SCHOOL/AGENCY)

Parish/School/Agency:

(Understood to include the Diocese of Charlotte)

Child's Name and Birth Date:

Name/Address/Telephone of parent(s) or guardian(s):

Name/Address/Telephone of child's physician:

Child's Accident/Health Insurance Carrier and Policy No.:

Name(s) of Person(s) authorized to pick up child:

Name(s) of Person(s) prohibited from picking up child:

Emergency Telephone Numbers

Parent(s) or Guardian(s):

Others:

My child has the following special needs regarding dietary supplements or restrictions, medications, or avoidance of allergies:

My child has the following limitations on normal physical activities:

Additional Information that may aid Day Care Workers in caring for my child:



DIOCESE OF CHARLOTTE

OFFICE OF RISK MANAGEMENT

I agree that I will not bring my child in for any Day Care if I reasonably believe that my child is ill and may be contagious. I understand and acknowledge that any child who appears to be ill upon arrival should not be admitted to Day Care. Nevertheless, I assume full responsibility for the risk to my child that other children who are present in Day Care may be ill and may transmit contagious disease.

I understand that this form does not authorize Day Care workers to administer medication.

I understand and acknowledge that no medical professionals are on duty in Day Care, except as may be required under NC law.

I have authorized my child's physician to receive calls from Day Care Workers while my child is in Day Care.

I authorize Day Care Workers to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that Day Care Workers will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while in Day Care are not covered by any insurance program maintained by the Parish/School/Agency, and that I am primarily responsible for paying any such expenses.

I understand and acknowledge that by bringing my child into day care I am assuming full responsibility for the risk of any illness or injury that my child may incur. I release the Parish/School/Agency and any day care workers from liability for any illness or injury that my child may incur while in day care, whether caused with or without fault by the Parish/School/Agency, or by any of their agents, servants and employees, including any day care workers.

I have carefully read this Day Care Agreement, and I understand and agree to each of the covenants and conditions set forth above. This Day Care Agreement is effective for one year from the date stated below, unless earlier revoked.

Parent or Guardian Printed Name

Date

Emergency Contact Number

For Day Care services which may be performed by employees of the Parish/School/Agency, or by volunteers selected or approved by the Parish/School/Agency ("Day Care Workers"). This Agreement should be used if the child's parent(s) or guardian(s) will not be on the premises, and should not be used if an outside contractor is providing the Day Care services, as they will provide their own agreement.