



Child Care and Preschool

Darlene A. Huston, Owner
21655 W. Division Street
Lockport, IL 60441

Phone 815-744-6813

Cell 815-210-0274

Fax 815-741-9577

www.abchildcarehome.com

License # 452094-02

Basic General Permission

Child's Name _____ Date of Birth _____

Darlene Huston and staff at American Butterflies Home Child Care and Preschool have my permission to:

- | | | | |
|--|-----|----|----|
| Take my child on a walk on the property | Yes | No | |
| Take my child for a walk in the neighborhood | Yes | No | |
| Assist my child with any toilet training procedures | Yes | No | NA |
| Assist my child in case of toileting accidents | Yes | No | |
| Let my child use the wading pool | Yes | No | |
| Let my child participate in sprinkler and water play | Yes | No | |
| Take photos of my child for publicity and/or parent gift | Yes | No | |
| Take video of my child for publicity and/or parent gift | Yes | No | |
| Give my child a bath as needed/requested (infant/night) | Yes | No | |
| Administer minor first aid, such as band aids, as needed | Yes | No | |

I understand that the child care has video security monitoring Initial_____

Parent signature _____ Date _____

Child refers to the above named child only.



Child Care and Preschool

Darlene A. Huston, Owner
21655 W. Division Street
Lockport, IL 60441
Phone 815-744-6813
Cell 815-210-0274
Fax 815-741-9577
www.abchildcarehome.com
License # 452094-02

Medical

Darlene Huston and staff at American Butterflies Home Child Care and Preschool have my permission to seek and obtain emergency medical/dental treatments as prescribed by a treating physician for my minor child. I give my permission for my child to be transported by ambulance to an emergency center for treatment.

Full Name of Minor _____ Date of Birth _____

Allergies to medications _____

Other allergies as known _____

Special Health Problems _____

Regular Medications and doses _____

Name of regular doctor _____ Phone# _____

Darlene A. Huston, her family, staff and her business (Darlene A. Huston DBA American Butterflies Home Child Care) shall not be responsible for providing or paying for my child's health care or transportation for the purpose of seeking medical assistance.

I agree that neither I, my family, nor my child will bring any claims of any kind against the above named parties associated with Darlene A. Huston as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of the Child Care facilities, toys, property, other children whether such claims are known or unknown or arise in the future.

I agree that neither I, my family, nor my child will bring any claims of any kind against the above named parties associated with Darlene A. Huston as a result of any injuries, expenses or damages that I or my child may suffer in any way related to activities participated in with Darlene A. Huston and associated parties, both on and off the property, including but not limited to: water activities, field trips, trips to parks, ponds, neighboring yards, stores, playground activities, and indoor and outdoor gross motor activities.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Parent/Guardian Signature _____ Date _____

Printed Name _____

Child refers to the above named child only.