CFS
Rev 7/2007593

State of Illinois
Department of Children and Family Services

# Consents to Day Care Providers

**NAME OF CHILD** _____

**THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAYCARE SERVICES**

**Parent(s) or legal guardian placing the child may sign any or all of the following consents:**

## EMERGENCY MEDICAL CARE

**This authorizes** _____
**to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement** _____ **is the preferred doctor/clinic/doctor.**

**Date**_____ _____
**Signature of parent/guardian**

_____
**Relationship to child**

**Date**_____ _____
**Signature of parent/guardian**

_____
**Relationship to child**

## ADMINISTER PRESCRIPTION MEDICINE

**I/we authorize** _____ **to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.**

**Date**_____ _____
**Signature of parent/guardian**

_____
**Relationship to child**

**Date**_____ _____
**Signature of parent/guardian**

_____
**Relationship to child**

## ADMINISTER OVER-THE-COUNTER MEDICINE

**(Administer only in accord with the appropriate standards for licensure)**

**I/we authorize** _____ **to administer over-the-counter medicine to my/our child as specified in written instructions.**

**Date**_____ _____
**Signature of parent/guardian**

_____
**Relationship to child**

**Date**_____ _____
**Signature of parent/guardian**

_____
**Relationship to child**