Consent Form

Child's Name:	Date of Birth:		
Topical Creams			
I understand that my Provider will follow safe sun practi to apply sunscreen on an as needed basis.	ces. I give permission for the Provider	□YES	□NO
I understand that my child may require a topical cream lip balm and/or hand sanitizer. I give permission for the which I have provided. I will provide the cream in the or name.	Provider to apply the topical creams	□YES	□NO
Sleep			
I understand that:			
 All children younger than 12 months will be place Agency of Canada's document: 'Joint Statement otherwise in writing. All children under 2 years will sleep in a crib or months. All children over 2 years who sleep or nap will consider the providers will periodically perform direct visual or the place of the place	nt on Safe Sleep', unless the child's physical playpen and start to transition to a cot on so on a cot or bed.	sician recor r bed at aro	nmends und 18
distress or unusual behaviours. Please indicate any preferences regarding your child's	sleeping arrangements:		
Outdoor Supervision The Child Care and Early Years Act (CCEYA) states tha	t each child aprolled in care for over 6 h	ours of car	o must
spend 2 hours outdoors each day, weather permitting. T developed and agreed upon by a written plan signed by	he CCEYA also states that outdoor play	supervisio	n must be
All children under the age of 5 must be supervised at <u>all</u> premises and may occur at, but is not limited to, local pa		urs on the F	Provider's
\square My child, under the age of 5, will be directly s	supervised by the Provider at all times	s while out	doors.
Children over the age of 5 are supervised in accordance remember that the extent of supervision of outdoor play individual children in care, the physical environment, and know the whereabouts of the children at all times and me	is based upon the maturity and unique rather the parent and Provider's preference.	needs of the)
\square My child, over the age of 5, will be directly su	pervised by the Provider at all times	while outd	oors.
My child, over the age of 5, may play outdoor Provider will perform regular visual checks.	s without direct supervision, with the	e agreemer	nt that the
Indicate below the plan of outdoor supervision requi	red:		
Water Use Plan The use and access to all standing bodies of water on the use of sprinklers, splash pads and water tables are encour program, under close supervision of an adult.			
\square I give permission for my child to attend a comm	nunity splash pad.		
☐ I give permission for my child, who is over the pool supervised by a qualified lifeguard.	age of 6, to participate in swimming ac	ctivities in a	public
I have read and understand the above information which applies for the	ne duration of my child's care.		
Parent/Guardian Name (please print)	Parent/Guardian Signature	Date (month	n/dav/vear)