

Kids 4 Kompany Learning Academy

1520 Tara Rd.
Jonesboro, GA 30238
(770)210-9022

Parental Agreement

1. Kids 4 Kompany agrees to provide child care for

_____ Monday through Friday from __:00am to
child's name

__:00pm on a year-round basis. My child will participate in breakfast lunch afternoon snack and/or supper.

2. **Before any medication is dispensed to my child**, I will provide written authorization which includes: the date, name of child, name of medication, prescription number (if any), dosage, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it. **Medication is not dispensed at Kids 4 Kompany.**
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s) or facility personnel.
4. I acknowledge **it is my responsibility to keep my child's records current** to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. Kids 4 Kompany provides transportation to and from local elementary schools in the area.
7. Kids 4 Kompany agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.
8. I have received a copy and agree to abide by the policies and procedures for Kids 4 Kompany.

Signature of Parent/Guardian

Date

Signature of Facility Administrator

Date