



## Parental Agreement with Faith Friends Academy

1. The Faith Friends Academy agrees to provide child care for (Name Child is called by) \_\_\_\_\_ on (Days of Week) \_\_\_\_\_  
\_\_\_\_\_ AM \_\_\_\_\_ PM from (month \_\_\_\_\_ to (month) \_\_\_\_\_). My child will bring his or her lunch and snack to school and the Faith Friends Academy will provide juice.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; 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 full name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. 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, etc., which include my child. Center agrees to advise the parent of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs.
6. I understand that parents are encouraged to participate in the center's activities.
7. I have received a copy and agree to abide by the policies and procedures for Faith Friends Academy.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
Signature

FACILITY ADMINISTRATOR/ PERSON-IN-  
CHARGE \_\_\_\_\_ DATE \_\_\_\_\_