

Handbook Agreement

By signing the following, I agree to the below listed statements:

- I have received a Little Miracles Parent Handbook (updated April 2023) and understand and agree to the policies and procedures contained therein.
- I understand and agree to the payment policies outlined specifically on pages 8-9.
- I have noted the facility hours (page 4) and understand that fees will be charged if I am late picking up my child.
- I understand that Little Miracles is a Peanut Aware facility (page 6) and will do my best to not send peanuts in any form with my child.

Parent's Signature

Printed Name

Date

Ointment and Sunscreen Authorization

We use Desitin and Aquaphor on rashes, and sunscreen (SPF 50) during warm summer months. Please initial your consent to the following: (Mark N/A if not applicable)

____ Desitin or Aquaphor

____ Other preferred diaper rash ointment that will be sent with my child _____

____ I would prefer that diaper rash ointment NOT be used on my child.

____ SPF 50 Sunscreen

____ Other preferred sunscreen that will be sent with my child _____

____ I would prefer that sunscreen NOT be used on my child.

Medication Authorization

In case of illness or injury, I consent to allow my child to be given either Acetaminophen (Tylenol), Ibuprofen (Advil), or Benadryl. **I understand that Little Miracles will NOT give this medication without my consent AT THE TIME**, but that a signature needs to be on file of this consent. None of these medications will be given to my child unless I am contacted first and agree. (Please initial the medications you agree your child can be given.)

____ Acetaminophen (Tylenol)

____ Ibuprofen (Advil)

____ Benadryl (Diphenhydramine)

____ I DO NOT want my child given any medication at any time.

Parent's Signature

Printed Name

Date