



HIGHLAND CATHOLIC SCHOOL

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Extra Innings School-Age Child Care Center Parental Agreement 2010-2011 School Year

1. In case of accident or injury to my child, I understand that the Center staff will contact me immediately. If I am not available, the Center may contact the friends, neighbors, or relatives whom I have indicated should be contacted in emergency situations. I have provided the Center with the names and phone numbers of the individuals who may be called in emergencies.

If none of the above people are available, I authorize the Center staff to have my child transported to the hospital indicated on the admission form for treatment.

2. I must provide the Center with a completed medication authorization form signed by me, if I am to request the Extra Innings staff to give medication to my child while at the Center.
3. I give my permission to the Extra Innings staff to administer, on the advice of the Poison Control Center authorities, Syrup of Ipecac (a vomit inducer) in the event of an accidental ingestion of potentially poisonous material. As the parent/guardian of _____, I understand that I will be notified immediately of the potential poisoning.
4. I agree to abide by the Health Care Policies as set by the Extra Innings Child Care Center.
5. These arrangements are in effect as long as my child is enrolled at the Center.

(Child's Name)

(Parent/Guardian)

(Date)