

Bright Horizons Informed Consent

I grant my informed consent for my child(ren) _____
to participate in the child care program operated by Bright Horizons.

By signing below, I acknowledge and accept the following program conditions:

Access

I have full access to the center without notification whenever my child(ren) is/are present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

Child Release

For children's safety, Bright Horizons will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below by the parent/guardian.

Bright Horizons will not release my child to any other person unless I notify the center, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form but does not regularly pick up my child or has never before picked up my child, I will notify the center verbally, in advance.
- If the person picking up my child is NOT listed on this form, I must notify the center in writing, in advance.
- Photo identification will be required of any person picking up my child.

NAME

ADDRESS

CITY/TOWN

STATE

ZIP

RELATIONSHIP TO CHILD

DAY PHONE

EVENING PHONE

E-MAIL

NAME

ADDRESS

CITY/TOWN

STATE

ZIP

RELATIONSHIP TO CHILD

DAY PHONE

EVENING PHONE

E-MAIL



NAME

ADDRESS

CITY/TOWN

STATE

ZIP

RELATIONSHIP TO CHILD

DAY PHONE

EVENING PHONE

E-MAIL

Walk Permission

As part of the program, children will go on walks in the surrounding area supervised by the staff, weather permitting.

Child(ren) may be taken to the locations listed below by Bright Horizons' staff; infants and young toddlers will go in a buggy or stroller.

The areas my child may walk to are:

A separate Field Trip Policies and Permission Slip describing the field trip will be sent home if your child will be leaving the center for an extended period of time (for preschool and school-age children only).

☐ I give permission for my child to participate in walks.

☐ I do not give permission for my child to participate in walks.

Photography and Video Permission

Bright Horizons takes photographs and videos of children enrolled at its centers on a regular basis for its business purposes. Bright Horizons retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. Bright Horizons takes care that any use, display, or dissemination of photographs or videos of children, whether at a particular center where the child attends or for its general business purposes, is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances.

For example, at your center, these materials may be used to better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. These photos may be shared with you and other families on a secure Bright Horizons' website, by e-mail, posted in the center, or in a parent newsletter.

By signing below, I give permission to Bright Horizons to take photographs and videos of my child during his/her enrollment and to use these materials for its business purposes.

PLEASE CONTINUE ON NEXT PAGE...

Child Illness

In case of illness, I will be called and possibly required to pick up my child(ren) as soon as possible. We ask that for your child’s comfort and to reduce the risk of contagion, children be picked up within 1.5 hours of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms. Children need to remain home for 24 hours without symptoms before returning to the program. This means that the child needs to remain out of the center for the remainder of the day he/she is sent home and the following day (if a child is sent home on Friday, he/she may return on Monday), unless the center receives a note from the child’s medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child’s medical provider may be required before returning.

Children’s Injuries

If my child sustains a minor injury (e.g., scraped knee) during care, I understand that I will receive an Occurrence Report outlining the incident and course of action taken by the staff member when I arrive to pick up.

I will be contacted immediately if the injury produces any type of swelling, is on the face or head, or needs medical attention.

Family Guide Acknowledgement

I have received the Bright Horizons Family Guide and applicable information specific to center and state policies. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures of the Bright Horizons Family Guide. In addition, I understand that this handbook reflects company-wide policies and that supplemental center and state specific policies may apply. By signing below, I acknowledge receipt of these materials, and agree to abide by them.

I understand that it is my responsibility to address any questions I may have regarding the policies and procedures and information contained in the Bright Horizons Family Guide directly with center management.

Information contained in this guide may be subject to change.

I have read, understand, and accept the conditions noted above.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Emergency Medical Care

Every effort will be made to contact me in the event of an emergency requiring medical attention for my child,

If I cannot be reached, the emergency contacts listed above will be called. I authorize Bright Horizons to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. Staff is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In a center, any member of the staff responsible for the care and education of my child may view my child’s health information, as well as state licensors for compliance purposes.

CHILD’S HEALTH INSURANCE PROVIDER

NAME OF INSURED

POLICY NUMBER