



Child's Name _____

Children are ready to be picked up at 12 noon each day. Children should be picked up in their rooms.

Children who are not picked up by 12:05 will be taken to After Care in Fellowship Hall (Big Room), and you will be charged \$5. **All children must be picked up by 12:30. In the event that your child has not been picked up by 12:30, we will begin calling your emergency contacts until we find a designated person to pick up your child. If your child has not been picked up by 1:30, we will contact local police to help us locate an appropriate person to pick up your child – as required by DCFS.**

If you are going to be late picking up your child, please call the office (217/356-7377) and let us know.

If your child is going to be picked up by someone other than his or her regular caregiver, please let your child's teacher know in advance. **Please make sure that up-to-date contact information for anyone who might pick up your child has been given to the MMO office. Photo identification may be required.**

MMO is responsible for your child until you pick him/her up. Once you or a person designated to pick up your child has signed your child out with his/her teacher, responsibility transfers to you or your designee.

I/we authorize the following people to pick up my/our child when I am/we are unavailable:

Name	Address	Phone

I have read and understand the MMO Pick-Up policy:

Parent/Guardian Signature **Date**

Parent/Guardian Signature **Date**

Please note if there are any people who are NOT AUTHORIZED to pick up your child:

Name	Address	Phone

Child's Name

Trips, Excursions, and Public Park Facilities

I/we authorize My Morning Out to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we understand all such trips are under the supervision of MMO staff and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Parent/guardian's initials: _____

Emergency Medical Care

I/we authorize My Morning Out to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Preferred doctor/clinic/hospital: _____

Parent/guardian's initials: _____

Administer Prescription or Over-the-Counter Medicine

I/we authorize My Morning Out to administer medicine to my/our child as specified in the medicine's written directions for administration. This includes medicines such as Epi Pens or Benadryl in the event of an allergic reaction.

Parent/guardian's initials: _____

Swimming

My Morning Out occasionally uses sprinklers and wading pools. I/we consent to my/our child using sprinklers or wading pools.

Parent/guardian's initials: _____

Parent/Guardian Signature

Date

Relationship to child

Parent/Guardian Signature

Date

Relationship to child