



Casa dei Bambini

Montessori Children's Center

CCLU STATEMENT AND EMERGENCY TREATMENT AUTHORIZATION

CHILD'S NAME (Last, First): _____ DATE: _____

“NOTE TO PARENT/S or GUARDIAN/S:

(1) The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at: <https://nhlicenses.nh.gov/verification>; or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025.”

(2) “During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children’s response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.” and

(3) “If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

PARENT/S or GUARDIAN/S – PLEASE CIRCLE A, B, or C ABOVE AND INITIAL NEXT TO YOUR CHOICE

- a. I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group; _____(parent initials)
- b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group; _____(parent initials)
- c. I do not give my permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.”. _____(parent initials)

For more information about Child Care Licensing please visit the website at:

<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician: _____ Phone: _____
Physician's Address: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____