



**CONSENT FORM AND AGREEMENT**

By signing this CONSENT FORM AND AGREEMENT ["AGREEMENT"], and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby give TODDLE INN DAY CARE, INC. d/b/a TODDLE INN CHILD CARE (a Maine corporation with a mailing address of P.O. Box 40, Scarborough, ME 04070) and all related or affiliated companies, successors, licensees, franchisors, franchisees, and assigns [collectively, "TODDLE INN"] my permission to record, reproduce, use, license, and assign all photographs, film, audio and/or visual recordings, or other images of my child(ren) and all testimonial or other information submitted directly or indirectly to TODDLE INN [collectively, the "MATERIAL"] in all media now known or developed in the future (including, without limitation, digital, electronic, print, radio, television, film, and Internet) [collectively, "MEDIA"] for any purpose, which may include, without limitation, advertising, promotion, education, and marketing for any services or products of TODDLE INN. I agree that the MATERIAL may be combined with other images, text, and graphics, and may be cropped, altered, or modified. I acknowledge and agree that I have consented to publication of the ethnicity(ies) of my child(ren), but understand that other ethnicities may be associated with the MATERIAL for descriptive or other purposes.

I hereby release and assign all rights (including, without limitation, all copyright rights) in the MATERIAL to TODDLE INN. I understand and agree that I retain no rights to the MATERIAL, and that all rights to the MATERIAL belong to TODDLE INN. I hereby release TODDLE INN from any and all claims, including, without limitation, claims for damages for libel, slander, defamation, infringement of rights of publicity, invasion of privacy, portrayal in a false light, copyright infringement, or any other claim relating in any way to the MATERIAL. I acknowledge and agree that I have no further right to any additional consideration or accounting, and that I will make no further claim for any reason to TODDLE INN. I acknowledge and agree that this AGREEMENT is binding upon my child(ren), heirs, and assigns. I agree that this AGREEMENT is irrevocable, worldwide, and perpetual, and will be governed by the laws of the State of Maine, and that any legal proceedings that relate in any way to this AGREEMENT must be brought in a state or federal court in Maine, and I hereby consent to jurisdiction in Maine.

**Signature of Parent or Guardian**

If the child(ren) is a minor or lacks capacity in the jurisdiction of residence, the undersigned parent or guardian warrants and represents that he or she is the legal guardian of the child(ren), and has the full legal capacity to consent to and to execute this AGREEMENT on behalf of the child(ren).

Child(ren)'s Full Name: \_\_\_\_\_

Child(ren)'s Date(s) of Birth: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

# Toddle Inn Health Care Policy

It is recommended that any child be kept home or should be sent home if he/she displays any of the following symptoms:

Temperature - Any child with an elevated temperature of 101 degrees or higher is excluded until there is no presence of a fever for 24 hours

Vomiting - Child is excluded until there is no presence of fever and no vomiting for 24 hours.

Diarrhea - Child is excluded if he/she has three or more loose bowel movements within one hour, and until symptoms have ceased.

Conjunctivitis (Pink-eye) - Child is excluded until he/she has been on medication for 24 hours with no discharge.

Hand, Foot & Mouth Disease - Child is excluded until all blisters have opened and dried, with no open sores in mouth and no presence of fever.

Fifth Disease - Child is excluded until no fever is present and he/she can comfortably participate in the program.

Impetigo - Child is excluded until blisters are gone, rash is dry and he/she has been on medication at least 24 hours.

Chicken Pox - Child is excluded until all blisters have formed scabs, no presence of fever, and he/she can comfortably participate in the program.

RSV (Respiratory Syncytial Virus) - Child is excluded until he/she can comfortably participate in all activities and does not require a level of care that would jeopardize the health and safety of others in the classroom.

Strep Throat / Scarlet Fever - Child is excluded until he/she has been on medication and had no fever for 24 hours.

Head Lice - Child is excluded until he/she has been treated with lice-specific medication shampoo, rinse or lotion and is free of nits. He/she must be checked daily for 10 days for evidence of new infection.

Ringworm - Child is excluded until treatment from pediatrician has begun, and the infected area begins to shrink.

Thrush - Child is excluded until he/she has begun on an antibiotic for at least 24 hours.

\*Please keep in mind that this is only a guideline. If we feel that your child cannot fully participate in the program, you will be notified to pick him/her up. We ask that you do so within one hour of our request.

\*Parents will be notified of any unexplained rash, complaint or ailment. Children should not attend until any unexplained rash is seen and/or treated by a physician.

\*If your child is prescribed medication of any kind, please allow 24 hours for symptoms to subside and medications to take effect.

\*Parents are asked to report when they know that a child has been exposed to a contagious disease for the protection of others, especially pregnant mothers.

\*\* Please refer to your parent handbook or see management for detailed descriptions of the above named ailments.\*\*

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_