

# Childcare Connections

## Parent Authorization

To ensure the health, safety and protection of children Providers and Centre's must seek the appropriate permissions relating to the care of children. DCP's and DCC's must maintain records of each child in their care and provide parents with the opportunity to document the appropriate authorizations for their child in accordance with the Children Act 1998.

**Authorization for Pick Up:** Parents must be given the opportunity to provide a list of persons who can collect their child on their behalf. Children should not be released to individuals who are not identified or prior approval given.

**Emergency Contacts:** Parents must be given the opportunity to provide a list of alternative persons who can be contacted in the event they are unable to be reached in an emergency.

**Emergency Care Authorization:** Parents must be given the opportunity to provide authorization, whether approval or denial, for centres and providers to seek medical care for their child in the event of a serious occurrence.

|  |            |                     |                        |
|--|------------|---------------------|------------------------|
| I /We, _____, the parent (s)/guardian (s) of _____ authorize _____ to seek, and obtain consent to (Circle all that apply) as deemed necessary by a licensed medical or healthcare professional. This authorization is valid for the period my child is enrolled at: _____ . I/We understand it is our responsibility to cover any associated treatment/emergency care costs. |            |                     |                        |
| <b>Emergency Care &amp; Treatment</b>  |            | <b>Dental Care</b>  | <b>Hospitalization</b> |
| I/We, _____ the parent (s)/guardian (s) of _____ <b>DO NOT AUTHORIZE</b> _____ to seek, and obtain consent for any medical care or treatment.  |            |                     |                        |
| Child Name:  | Child DOB: | Child Medical Info: | Child Pediatrician:    |
| Parent/Guardian Name:  |            | Signature:          | Date:                  |
| Parent/Guardian Name:  |            | Signature:          | Date:                  |
| Person in Charge:  |            | Signature:          | Date:                  |

### Medication and Medical apparatus/devices:

- For children who require medication (prescription or over the counter) parents must provide written instructions and should sign medication administration consent forms before any form of medication is administered. Medication must be labelled with child's name, be in its original container and stored appropriately.
- When children require the use of medical apparatus/devices, parents should provide written instruction and offer training to those responsible for using the various apparatus. Medical apparatus includes but is not limited to; glucose monitoring, inhalers, epinephrin pens, feeding tubes, etc.
- Contact local resources such as the Health Visitor to see if they can provide support on how to use the various medical apparatus/devices for the children in your care.

### Find us on:



Health\_bermuda

gov.bm/child-care-regulation-programme



GOVERNMENT OF BERMUDA

Ministry of Health

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