

AUTHORIZATION FORM

_____ I _____ do not hold Drop A Tot Drop In Child Care, LLC or any of its staff liable for any accidental injuries incurred while my child _____ is in the care of Drop A Tot Drop in Child Care, LLC.

_____ I understand that by leaving my child(ren) at Drop A Tot Drop In Child Care, LLC I am responsible for any medical, food, beverage, hourly charge, or any other expense incurred.

_____ I understand that if injury occurs to my child(ren) surveillance footage will be reviewed and turned over to a court of law if the incidence should arise.

_____ I understand that child abuse in any form by parents or staff will not be tolerated. If child abuse is suspected, local law enforcement will be contacted and an investigation will be conducted. Video surveillance and any notes taken of/about said child will be turned over to local authorities.

_____ Drop A Tot is not a full time child care facility. I understand there is a 24 hour maximum time limit per week. If my child is under the care of Drop A Tot up to the maximum hours allotted that they will not be able to attend again until the following week.

_____ All child(ren) are checked in and out with a pin number assigned by Drop A Tot. It is my responsibility to remember my pin as it is the only way my child can be checked in or out.

_____ All adults that may pick up my child(ren) must be registered in the system and authorized by the legal guardian. No child will be allowed to leave with any adult we do not have on file. The adult picking up the child must know the pin to check them out.

_____ I authorize Drop A Tot to take a picture of myself, my child, and any other adult who may pick up the child, to keep on file for security purposes only. Pictures will never go into public record, social media, or be shared with any other individual other than staff or law enforcement if required.

_____ I have read and understand this form

Signed _____