



### Welcome to Hillcrest – Signature Page

In this packet you have received several very important pieces of information. By signing and initialing below you acknowledge receipt and understanding of this information.

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

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mom's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Dad's Name \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I have received, read and understand Hillcrest's policy on withdrawals and terminations.

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

I have received, read and understand the fact sheet on potassium iodide.

I give Hillcrest staff permission to give my child the potassium iodide pill \_\_\_\_\_

I DO NOT give Hillcrest staff permission to give my child the potassium iodide pill \_\_\_\_\_

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

I have received, read and understand the Information to Parents Statement by the Bureau of Licensing in the Division of Youth and Family Services.

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

I have received, read and understand Hillcrest's Picture Policy.

I give Hillcrest staff permission to take individual and/or class pictures of my child \_\_\_\_\_

I give Hillcrest staff permission to use pictures that may contain my child on their web site \_\_\_\_\_

I DO NOT give Hillcrest staff permission to take individual and/or class pictures of my child \_\_\_\_\_

I DO NOT give Hillcrest staff permission to use pictures that may contain my child on their web site \_\_\_\_\_

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

I have received, read and understand Hillcrest's Medication Policy.

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

I have received, read and understand Hillcrest's Parent Handbook.

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

I have received, read and understand Hillcrest's Consent for Sunscreen.

I give Hillcrest staff permission to apply Rocky Mountain SPF 30 sunscreen to my child \_\_\_\_\_

I DO NOT give Hillcrest staff permission to apply Rocky Mountain SPF 30 sunscreen to my child \_\_\_\_\_

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