



## Bethesda Child Development Center

116 East Main Street  
Middletown, Delaware 19709  
(302) 378-8435 / (302) 378-7613 fax

### POTASSIUM IODIDE CONSENT

CHILD'S NAME \_\_\_\_\_

**YES.** In the event of a Nuclear Emergency and my child is at school (day care) I give permission for my child (named above) to be given a Potassium Iodide tablet, if instructions to administer are given to Bethesda Child Development Center by a public health official.

**NO.** I do not want my child to be given a Potassium Iodide tablet in the event of a Nuclear Emergency.

*\*Those with a known or suspected allergy to iodine and/or rare disorders such as dermatitis herpetiformis or hypocomplementemic vasculitis should consult with their doctor and may decide not to receive KI.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code, you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: The Administrative Specialist, OFFICE OF CHILD CARE LICENSING, 3411 SILVERSIDE ROAD, CONCORD PLAZA | HAGLEY BUILDING, WILMINGTON, DELAWARE 19810, phone (302) 892-5800.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at <https://kids.delaware.gov/occl/search-for-child-care.shtml>

**I acknowledge that I received notice of a Parents Right to Know as part of the application packet of materials from Bethesda Child Development Center.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### TV-VIDEO PERMISSION

I hereby grant my child \_\_\_\_\_ to view appropriate educational materials.

- Viewing will not exceed more than one hour per day.
- All video choices will be in relation to current lesson themes
- All video choices will have a rating of "G"

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### LATENESS

I understand the requirement to be on time for my child's program end time: 12:00pm, 3:00pm, or 6:00pm. I also understand that I am subject to late fees and possible dismissal from the program if lateness is excessive.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_