

DHR-CDC-739

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child Care Facility (Home/Center):	
Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: ()	Employer's Telephone Number: ()
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____/_____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ **Child's withdrawal date:** _____

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

H. Authorization for administering medication

DHR-CDC-1949

AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES

Dear Parent/guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility (home or center) must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

Child's Name _____

Prescription Number _____

Name of Medication _____

Amount of medication to be given at each dosage _____

Instructions (how to give or apply, such as given by mouth, apply to skin, inhale, drops in eyes, etc.) _____

Time and date of last dosage given at home _____

Time(s) of dosage(s) to be given at the child care facility _____

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

Signature of parent/guardian

Date

To be completed by licensee/staff/caregiver

Date medication given	Time medication given	Signature of person giving medication



GPCDC Email <greaterpeacecommunity@gmail.com>

CONFIRMATION: Registration Submitted for GREATER PEACE COMMUNITY DEVELOPMENT CORPORATION / PTJQAJHKEMZ8 / 6KHH0 in the U.S. Government's System for Award Management (SAM)

1 message

donotreply@sam.gov <donotreply@sam.gov>
To: greaterpeacecommunity@gmail.com

Fri, Apr 25, 2025 at 10:24 AM

This email was sent by an automated administrator. Please do not reply to this message.

Dear Clarinda Turner,

You successfully submitted the entity registration for GREATER PEACE COMMUNITY DEVELOPMENT CORPORATION / PTJQAJHKEMZ8 / 6KHH0 in the U.S. federal government's System for Award Management (SAM). This registration record will remain in Submitted status until all external validations are complete.

What happens next?

1. If you provided a Taxpayer Identification Number (TIN), the Internal Revenue Service (IRS) will conduct a validation of your TIN and Taxpayer Name. This step can take two business days. You will get an email from SAM.gov when that review is complete.
2. Your registration will then be sent to the Defense Logistics Agency (DLA) Commercial and Government Entity (CAGE) Code system for assignment or validation of your CAGE Code. This step averages two business days, but the DLA CAGE team can take up to ten business days, or longer, in peak periods. You will get an email from SAM.gov when that review is complete.
3. If the DLA CAGE team has any questions, they will contact the individual you listed as the Government Business Point of Contact (POC) via email. The email will come from a [dlamail](mailto:dlamail@dla.mil) address. Please tell your Government Business POC to respond right away to any requests from a [dlamail](mailto:dlamail@dlamail) email. If a timely response is not received, your registration will be returned to SAM and your registration status changed to Work in Progress. You will have to resubmit and provide the requested information to DLA CAGE to continue.
4. You will get an email from SAM.gov when your registration passes these external validations and becomes Active. Until then, use the Check Registration Status link at SAM.gov to see where your registration is in the review process.
5. If you have not previously submitted a notarized letter formally designating the Entity Administrator for your entity, you must do so now. Failure to do so within 60 days of activation may result in the registration no longer being active. NOTE: You are not required to provide a notarized letter for a federal entity registration.

Remember, this process is entirely FREE to you. It is FREE to register and maintain your registration in SAM. It is FREE to get help with your registration from the Federal Service Desk at www.fsd.gov or by telephone at 866-606-8220 (toll free) or 334-206-7828 (internationally).

In addition, if you are a small business located in the U.S. and its outlying areas, you can get FREE support from your local [APEX Accelerator](https://www.apexaccelerators.us) (formerly known as PTAC), an official resource for government contracting assistance. Go to <https://www.apexaccelerators.us> to find your closest office.

Thank you,
The System for Award Management (SAM) Administrator
<https://sam.gov>