I have received a copy of Discover Magical Moments Daycare Center's Health and Safety Policies for

Record of information given to parents form

Parents and Staff.	·
Parent/Guardian's Signature	Date:
I have received a copy of Reporting Policy For Programs Provsuspected abuse and neglect of children.	viding Services To Children dealing with reporting
Parent/Guardian's Signature	Date
Parent Permission Signatures	
I give permission to Discover Magical Moments Daycare Cen located at the center.	ter's Health Consultant to view my child's records
Parent/Guardian's Signature	_ Date
I give permission to Discover Magical Moments Daycare Cenchild's records located at the center.	ter to allow the MN State Licensor to view my
Parent/Guardian's Signature	Date