
By signing this form, I am acknowledging that I have read the document written by the Department of Human Services and the Department of Health titled: "Fact Sheet: Risks of Swimming Pools at Child Care Homes." I have been given the opportunity to talk with my child care provider about the use of the swimming pool, and I understand the risks associated with the use of a swimming pool by my child(ren) while they receive child care services.

By signing this form, I acknowledge that the provider's pool will not be inspected or monitored by the Department of Health, the Department of Human Services or the county social services agency.

By signing this form, I am acknowledging that I have entered into a contract with my child care provider and that the contract specifies that the provider agrees to perform all of the requirements in Minnesota Statutes section 245A.14, subdivision 11. I understand that the county social services agency will NOT monitor the terms of my contract with the family child care provider.

By signing this form I am acknowledging that I understand that if my child care provider receives a correction order or a conditional license related to the supervision or health and safety of children, the provider is then prohibited from allowing children cared for to continue to use the swimming pool located at the home.

___ I **do** consent to my child care provider's use of the swimming pool with my child(ren).

___ I **do not** consent to my child care provider's use of the swimming pool with my child(ren).

Signature of Parent or Legal Guardian Date

Name(s) of child(ren)

Signature of Child Care Provider Date
