

Parental Permissions

I, _____, parent/guardian of _____
(print name) (print child's name)

Please circle "Give" or "Do not give" to indicate your preference for each item.

- (Give/Do not give) permission for photography of my child for publicity purposes.
- (Give/Do not give) permission for my child to be transported by the Center in instances of emergency situations.
- (Give/Do not give) permission for my child to leave the building for short walks to the elementary playground, to the neighborhood park, or on Center parades.
- (Give/Do not give) permission for the Center staff to apply sunscreen to my child prior to outdoor play. _____
(Brand and strength of sunscreen to be used)

(Parent/guardian signature)

(Today's Date)

HIPAA Release Form Allergy and Medical Postings

I, _____, parent/guardian of _____
(print name) (print child's name)

authorize the Center to post my child's allergy/medical alert in his/her assigned classroom, in the kitchen, and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

Parent/Guardian's Signature

Date