

**COMMUNITY DAY CARE AND PRESCHOOL (CDC)
PRESCHOOL - SCHOOL AGE CHILD CARE - CAMP
PERMISSION AND STATEMENTS OF UNDERSTANDINGS**

Please **INITIAL** next to each item that you give CDC permission to do and sign at the bottom of this form. If you do not initial an item, we will assume that permission is not granted.

FIELD TRIP PERMISSION:

I give permission to CDC to take my child on walking, bus, and car trips. All field trips will be chaperoned by a minimum of two (2) staff. All parents will be notified in writing at least 24 hours in advance of any non walking field trips.

PARENT'S INITIALS _____

PHOTO RELEASE:

Permission is granted to CDC to take, use and/or publish photos, movies, or any other imagery of my child for fund-raising and publicity purposes. I hereby waive, and release, any right of pecuniary benefit, consideration or other things of value for the use of my child's picture.

PARENT'S INITIALS _____

PARENT DIRECTORY RELEASE:

I give CDC permission to publish my name, address, and telephone number in a center directory to be distributed to CDC families and staff.

PARENT'S INITIALS _____

FIRST AID:

I give permission to CDC staff to administer routine, non-surgical First Aid.

PARENT'S INITIALS _____

SUNSCREEN PERMISSION STATEMENT

I give permission to staff of (CDC) to apply sunscreen to my child daily as needed. Sunscreen will have a uv protection of at least a 30 and will be para free.

PARENT'S INITIALS _____

INSECT REPELLENT PERMISSION STATEMENT

I give permission to staff of CDC to apply insect repellent when necessary. Insect repellent will contain DEET.

PARENT'S INITIALS _____

WEB RELEASE:

I give permission to CDC staff to post photos of my child on the CDC web site.

PARENT'S INITIALS _____

SWIMMING PERMISSION:

I give permission for my child to participate in swimming activities arranged by Community Day Care.

PARENT'S INITIALS _____

STATEMENT OF GOOD HEALTH:

This acknowledges that my child _____ DOB _____ who attends _____ a program licensed by the Department of Consumer and Industry Services Child Day Care Licensing Division, is in good health. Further any health restrictions, allergies, medications taken by my child, or any other needs are noted below.

PARENT'S INITIALS _____

SIGNATURE OF PARENT _____ **DATE** _____