CONSENT 1 OF 5

Photos and video inside the program

This page covers photos we take during the day and share privately with you. Public and social media use is a separate page, so a yes here is not a yes to that.

CHILD'S NAME | ROOM OR GROUP | PROGRAM YEAR

PLEASE CHOOSE ONE

- [ ] **Yes.** Staff may photograph or record my child during the day and share those images with me, and with the other families who appear in a group photo.
- [ ] **Yes, but only for me.** Photos of my child may be shared with me alone. Please keep my child out of group photos sent to other families.
- [ ] **No.** Please do not photograph or record my child.

ANYTHING ELSE ABOUT PHOTOS WE SHOULD KNOW

You may change this answer at any time by telling us in writing, and the change takes effect the day we receive it.

PARENT OR GUARDIAN SIGNATURE | PRINTED NAME | RELATIONSHIP | DATE

CONSENT 2 OF 5

Public and social media use

This page covers images that leave the program: our website, social media, printed flyers, and tours. Saying no here changes nothing about your child's day and nothing about the photos you receive.

CHILD'S NAME

PROGRAM YEAR

PLEASE CHOOSE ONE

- [ ] **Yes.** Images of my child may be used publicly to show what the program is like.
- [ ] **Yes, with limits.** Public use is fine as long as my child's face is not the focus, or is not identifiable.
- [ ] **No.** Please do not use images of my child anywhere outside the program.

If you said yes, may we use my child's **first name** alongside an image? ☐ Yes ☐ No, first name only if unavoidable

PLACES THIS DOES OR DOES NOT APPLY

We cannot always remove an image that has already been reshared by someone else, so tell us as early as you can if your answer changes. We renew this page every program year.

PARENT OR GUARDIAN SIGNATURE

PRINTED NAME

RELATIONSHIP

DATE

CONSENT 3 OF 5

Sunscreen, insect repellent, and diaper cream

Tell us what we may apply, and what you would rather send from home. Staff apply these as needed and record anything unusual on the daily sheet.

CHILD'S NAME

KNOWN SKIN SENSITIVITIES

PRODUCT	WE MAY APPLY OURS	USE ONLY WHAT I SEND	DO NOT APPLY	BRAND YOU SEND
Sunscreen	☐	☐	☐	
Insect repellent	☐	☐	☐	
Diaper cream	☐	☐	☐	
Other	☐	☐	☐	

Anything you send should arrive in its original labeled container with your child's name on it. We will tell you when it is running low.

PARENT OR GUARDIAN SIGNATURE

PRINTED NAME

RELATIONSHIP

DATE

CONSENT 4 OF 5

Neighborhood walks and off-site trips

Walks happen most weeks, so they are listed separately from trips that need transport. We take attendance, a first aid kit, and your contact details every time we leave.

CHILD'S NAME

PROGRAM YEAR

CHECK EACH ONE YOU AGREE TO

- [ ] **Walks on foot** in our immediate neighborhood, including the park, the library, and the block around us, with staff and no separate notice each time.
- [ ] **Off-site trips** that need transport. We will tell you the destination, times, and who is driving at least a few days beforehand.
- [ ] **Transport in a staff vehicle** in the appropriate car seat or restraint for my child's size.
- [ ] **Water play on site**, such as a sprinkler or water table, with supervision.
- [ ] **None of the above.** Please keep my child on site and tell me before any change.

CAR SEAT WE PROVIDE, OR ANYTHING WE SHOULD KNOW FOR OUTINGS

PARENT OR GUARDIAN SIGNATURE

PRINTED NAME

RELATIONSHIP

DATE

CONSENT 5 OF 5

Medication authorization

One medicine per authorization, with a start and end date. Medicine must arrive in its original labeled container with your child's name on it. We record every dose we give.

CHILD'S NAME

PRESCRIBING DOCTOR

DOCTOR'S PHONE

MEDICINE	DOSE	TIME OR CONDITION	START AND END DATE

POSSIBLE SIDE EFFECTS, AND WHAT WE SHOULD DO IF WE SEE THEM

DOSE LOG, FILLED IN BY STAFF

DATE	TIME	AMOUNT	GIVEN BY

PARENT OR GUARDIAN SIGNATURE

PRINTED NAME

RELATIONSHIP

DATE