



TIGER TOTS COMMUNITY CHILD CARE CENTER, INC.

613 West North Street

Madrid, IA 50156

(515) 795-3359

tigertots@iowatelecom.net

Parental Consent Form

I, _____ (Mother/Father/Guardian) of _____, do give my permission and/or consent to the following: (please check all that apply)

_____ My child's photograph (group or individual) may be used in project promotions, including newspapers, magazines, news bulletins, movies, television, and display, and in training materials developed by the center.

_____ My child may travel to and from field trips connected with the *Tiger Tots* program and under the supervision of staff members of the center.

_____ Emergency medical or dental care and/or treatment required by my child may be secured and authorized by *Tiger Tots* in the event that staff is unable to reach me. I realize that every effort will be made by the staff to reach me. I also agree to pay any fees or costs that may accrue.

_____ My child may be sun screened by *Tiger Tots* staff.

_____ My child may be protected against bug bites by a bug spray applied by *Tiger Tots* staff.

_____ My child may use diaper rash ointment when necessary.

In case of emergency, contact:

Work # _____

Home # _____

Cell # _____

Please list your physician's and dentist's names and phone numbers below:

Physician's name and number: _____

Dentist's name and number: _____

Parent/Guardian signature

Date