

Authorization for the Application of Topical Products

Child's Name: _____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

- | Yes | No | |
|-------------------------------------|-------------------------------------|-----------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | sunscreen |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | insect repellent |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | diaper rash ointment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | other _____
(name) |

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date

6-1-2020

Non-Vehicular Excursions Authorization

§2109.A

My child, _____, has my permission to participate in the following off-site activities* when the children are walking and accompanied by staff of the center:

Type of Activity

Location of Activity

Nature Walk

Neighborhood or

Lakeshore play ground

walk to Ice Cream

Baskin Robbins

walk to Library

Lakeshore Library

This authorization is valid for one year.

Parent's Signature

6-1-2020
Date

**Examples of this type of field trip would be a nature walk around the neighborhood, walking to the library, etc.*

§1913.A

Water Activities Authorization Form

My child _____ has permission* to participate in the following type(s) of water activity: water tables, sprinkler

Location(s) of activity** Wee Friends Pre-Kinder

(Description of all types of water activities included)

Water tables

Sprinklers
water slide (older children)

Parent's Signature

6-1-2020
Date

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

*permission must be updated at a minimum, annually

** if activity is off-site, transportation authorization is required and regulations regarding transportation must be followed.