	FORM M-400
PARENT AUTHORIZATION FORM	Permission Form For: _____ (Child's Name)

EMERGENCIES:	I hereby grant permission to Maple Tree day School staff to act in a medical emergency situation and for appropriate medical staff to administer emergency medical treatment to my child. I agree to be responsible for any charges that may occur as a result of any treatments administered to my child. I give permission to Maple Tree Day School staff to call 911 on behalf of my child in a medical emergency. _____ _____ Parent Signature Date
NAME RELEASE:	I give my permission to have my child's name printed on the class roster to be distributed to parents of children in the class and staff. (i.e. Valentines list etc.) _____ _____ Parent Signature Date
PHOTOGRAPHS:	I hereby give my permission for my child to be photographed in the program, at program functions and field trips and for the photographs to be displayed and/or used on the Maple Tree Day School Website or Facebook page. I understand that the photographs may be taken by school staff, professional photographers, news media, and other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission. _____ _____ Parent Signature Date
IMPROMPTU WALKS:	I hereby give permission for my child to go on impromptu walking field trips in the neighborhood. _____ _____ Parent Signature Date
PERMISSION TO ADMINISTER:	*All over-the-counter (OTC) products need parental permission for administration. However, some of these external products do not need to be documented every time they are used. The following is a list requiring parental permission only.* I hereby give Maple Tree Day School permission to apply any of the following preparations **except** those that are circled, in accordance with directions for use on the appropriate container: ☐Baby/Diaper Wipes ☐Diaper Creams/Ointments ☐Soap ☐Sunscreen ☐Insect Repellants ☐Lip Balm ☐Hand Sanitizer ☐Skin Lotion/Creams/Vaseline Essential Oils Other – please specify:_____ _____ _____ Parent Signature Date