Child's Name: _____

Photo / Video Release

In order to use your child's picture for any reason we need your permission. Can we use his/her picture:

In the classroom only ☐ yes ☐ no

For promotional purposes, such as, the *Children's Center* brochure or the *Voice,* the college student newspaper ☐ yes ☐ no

Sunscreen / Bug Spray

In order to apply sunscreen or bug spray on your child we need your permission:

Can we apply sunscreen you have provided ☐ yes ☐ no

Can we apply bug spray you have provided ☐ yes ☐ no

Allergies / Food Restrictions / Medication

Does your child have any Doctor documented allergies? ☐ yes ☐ no
If yes, please explain:

_____

Does your child have any Doctor documented food restrictions? ☐ yes ☐ no
If yes, please explain:

_____

Does your child have any religious or personal food restrictions? ☐ yes ☐ no
If yes, please explain:

_____

Does your child take any medication on a regular basis? ☐ yes ☐ no
If yes, please explain:

_____

We need your permission to post this information in the classroom:

WCC Children's Center can post this information ☐ yes ☐ no

_____ _____

Signature of Parent or Guardian ***Date***