

CHILD: _____

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

Topical Nonprescription Medication

In order to apply topical nonprescription medication 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

Can we apply diaper rash cream you have provided? yes no

Can we apply essential oils 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