

PERMISSIONS

Child's Name: _____ Today's Date: _____

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

Parent's Initials	Permission sought
	<p>Documentation Release</p> <p>I give permission for my child to be video and audiotaped, photographed, and quoted, and for these images and recordings to be used in displays around the school and in promotional materials for The Abeona House.</p>
	<p>Walking Trips</p> <p>I give permission for my child to participate in well-supervised and directed walking trips in Midcity and around FGUMC.</p> <p>I recognize that this is for children 2 years of age and older. If my child is too young to participate, this will be kept on file for when they move to that age group.</p>
	<p>Water Play</p> <p>I give permission for my child to participate in well-supervised water activities that may include the following:</p> <p>Playing in wading pools</p> <p>Playing with hoses and in sprinklers</p> <p>Experimenting with water tables</p> <p>Using water spraying devices</p>
	<p>Topicals</p> <p>I give permission to center staff to apply the following products, whether center provided or parent provided:</p> <p>Yes No</p> <p>() () Diaper Cream</p> <p>() () Sunscreen</p> <p>() () Insect Spray</p> <p>() () Other: _____</p>

I consent that I give permission for any of the initialed items above.

Parent's Signature: _____