

The Center
General Permission Form
Effective 12/11/2012

In order to meet accreditation and regulatory standards, please indicate your preferences to the following situations.

I give my permission for the following:

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
For my child's picture to be taken for educational or promotional purposes. (newspaper, classroom use, newsletters)	<input type="checkbox"/>	<input type="checkbox"/>	
For my child to go on walks with Center staff (around the block)	<input type="checkbox"/>	<input type="checkbox"/>	
For my child's food allergies to be posted in the classroom and kitchen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For sunscreen to be used (SPF 15 or higher) when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
For appropriate staff and KDHE to have access to my child's health records (health assessment form and Immunization record).	<input type="checkbox"/>	<input type="checkbox"/>	
For insect repellent to be used when health authorities recommend and following Health Department Policy. (two months and older) (DEET products would be used if Health Dept. requires.)	<input type="checkbox"/>	<input type="checkbox"/>	
For staff to administer developmental screenings and assessment tools for the purpose of placement, curriculum and programming	<input type="checkbox"/>	<input type="checkbox"/>	

Signature _____

Date _____