

ADDITIONAL PERMISSION AND CONSENT

I, _____ give my permission for my child _____ to:
(Parent/Guardian Name) (Name of Child)

- | | | |
|---|-------|-------|
| 1. Use all of the equipment and to participate in all of the activities except as noted on their medical form. | _____ | _____ |
| | YES | NO |
| 2. To have topical medication/ointment such as sunscreen, diaper ointment and acceptable hand lotions applied. | _____ | _____ |
| | YES | NO |
| 3. Have a photo taken in class activities for display within the room, in local publications and/or on our Facebook page or website. | _____ | _____ |
| | YES | NO |
| 4. Have your child's photo displayed on Class Facebook page. | _____ | _____ |
| | YES | NO |
| 5. Receive emergency medical treatment as stated on the emergency form. | _____ | _____ |
| | YES | NO |
| 6. Do you give UPELC permission to share health information about your child to the people you have listed as your emergency contacts? | _____ | _____ |
| | YES | NO |
| 7. Be included in a class directory to be given out to families of children in the school. (Directory includes child's name, parent's names, address, phone number and email address. | _____ | _____ |
| | YES | NO |
| 8. Take part in developmental assessments to help determine the effectiveness of our program. | _____ | _____ |
| | YES | NO |
| 9. Take short walks in the neighborhood with their class and teachers. | _____ | _____ |
| | YES | NO |
| 10. To use hand sanitizer when sink is not available. | _____ | _____ |
| | YES | NO |

Parent/Guardian Signature

Date