Permission Slip

I hereby grant permission to allow or not allow my child to be photographed for the website and use here at the center. No child's name will be displayed and most photographs are candid shots of the children.

☐ Yes, my child,_____may be photographed and placed on school website and/or displayed inside center.

☐ No, my child,_____may not be photographed and placed on school website and/or displayed inside center.

Mother's Initials:_____
Father's Initials: _____

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of The Lighthouse Center for Infants. I understand that Lighthouse Center for Infants is not responsible for children's personal items such as clothing, toys, bedding, glasses or other personal items that come to the center.

Mother's Initials:_____
Father's Initials: _____

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.

Mother's Initials:_____
Father's Initials: _____

I hereby grant permission for the staff at The Lighthouse Center for Infants to apply the sunscreen I provide when he/she engages in outdoor activities (especially during the months of April through September), I understand sunscreen may be applied to exposed skin, including, but not limited to the face, tops of ears, nose, shoulders, arms and legs.

Mother's Initials:_____
Father's Initials: _____

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact Parent/Guardian through any persons listed on emergency information form you completed for us.
4. If we cannot contact you or your child's physician we will do any or all of the following:
    i. Call another physician.
    ii. Call an ambulance.
    iii. Have the child taken to an emergency hospital in the company of a staff member. *Any expenses incurred under #4 above will be borne by the child's family except items covered by student accident insurance.*
5. The center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The center will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

<u>Authorization For Medication Administration:</u>
<u>Both Prescribed and Over the Counter Medication</u>

I, _____(print) hereby grant permission and authorize designated agents of The Lighthouse Center for Infants to administer the following medication, prescription, non-prescription, creams, ointments, gels and sunscreen to my child, _____ (print).I further agree to indemnify and hold harmless The Lighthouse Center for Infants, their agents, and servants against all claims as a result of any and all acts performed under this authority.

Please ask for additional forms for the various medicinal needs of the child.

Baby wipes: _____
Diapering ointment(s): _____
Baby Powder: _____
Sunscreen: _____
Other: _____

Child's Physician & Phone Number: _____

Child's condition: _____

Name of medication: _____ Rx Number: _____

Purpose of medication: _____

_____

_____

Time of administration: _____

Duration of medication: _____

Method of administration: _____

_____

Possible side effects: _____

_____

_____

Name of Pharmacy & Phone Number: _____

Address of Pharmacy: _____

In case of emergency, First Contact: _____

*The following form must be completed before the administration of inhaled medicines.
NEBULIZER CARE CONSENT/VERIFICATION (LIC 9166 (2/01) ALL MEDICATIONS WILL BE
RECORDED ON CHILD'S INDIVIDUAL Medication records on each child shall be maintained
for at least one year. All medications, prescription and non-prescription*

Mother's Signature/Date: _____

Father's Signature/Date:_____

*All items must be supplied by parents if use is requested. All items must be provided in original
container clearly labeled with the child's name*