

Longwood Medical Area Child Care Center

Permission Slip for Walks

I give permission for my child, _____, to participate in walks while enrolled in the LMACCC. I understand that walks are confined to the Longwood Medical Area. Teacher supervision on walks meets Office for Children Care Services requirements for each specific age group. When developmentally appropriate, children walk for partners. Children in the Infant/Toddler Program ride in six seater wagons equipped with seat belts.

Signature of Parent or Guardian

Date

Sunscreen Permission Slip

I give permission to the LMACCC staff to administer the sunscreen lotion, generic SPF #30 or above, to the exposed skin of my child, _____, whenever my child will be playing outside on hot and sunny days during the summer of 20____.

Signature of Parent or Guardian

Date

General Photo Consent Forms

I consent to the taking of photographs in which my child, _____, may appear by the staff of the LMACCC and to the use of the photographs by the LMACCC for in Center or in classroom purposes only.

I also consent to the taking of photographs in which my child may appear by members of the LMACCC staff for their own personal memories or to be used as gifts to families enrolled in the LMACCC. I will make no claim for payment for my child being photographed. I understand that for purposes other than so stated above, photographs in which my child may appear will only be taken if I chose to give additional photo release for each individual photo session.

Signature of Parent or Guardian

Date