

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Picture Release**

I do\_\_\_\_\_ I do not\_\_\_\_\_ give consent for photographs containing my child, to be taken and used by the center or church in newsletters, local newspapers, or other media for the purpose of sharing what we are doing with family and church members, publicity or advertisements.

1. **Field Trip Permission Slip**

I do\_\_\_\_\_ I do not\_\_\_\_\_ give consent for my child, to take non-center field trips (walking) with staff and other children from the center.

I do\_\_\_\_\_ I do not\_\_\_\_\_ give consent for my child, to take vehicle field trips (bus) with staff and other children from the center.

1. **Non-Prescription Release Form**

I hereby give permission to St. Timothy Preschool & Childcare staff to administer the over-the-counter items listed below in accordance with the directions for use listed on the container. *Specify name brand, frequency and duration of use.*

Ointment (Neosporin, Vaseline, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunscreen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insect repellent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: All items must be supplied by parents when use is requested. All items must be provided in the original container clearly labeled with the child’s name.***

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_