



## Consent For Non-Prescription Medication

I hereby give New Creations Child Care & Learning Center to apply any of the following external preparations that are checked, in accordance with the directions for use on the appropriate container.

\_\_\_\_\_ Soap

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Baby Lotion

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Hand Sanitizer

\_\_\_\_\_ Tylenol

\_\_\_\_\_ Diaper Ointments

\_\_\_\_\_ Teething Gel

\_\_\_\_\_ Baby Oil

\_\_\_\_\_ Bug Spray

\_\_\_\_\_ Neosporin/ other first aid creams

\_\_\_\_\_ Ibuprofen

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_

Date:



## Permission Form

Child(ren)'s Name(s): \_\_\_\_\_  
(More than one child's name MAY be listed on this form)

### Name Release:

I give my permission to have my child's name on the class roster to be distributed to parents of children at New Creations (i.e. for Valentine's day or Christmas for example)

Signed: \_\_\_\_\_

### Impromptu Walks:

I hereby give my permission for my child to go on impromptu walking field trips in the surrounding neighborhood of the center. This includes walks around the block, to the neighborhood parks, and adjoining neighborhoods.

Signed: \_\_\_\_\_

### Photographs:

I hereby give my permission for my child to be photographed in the program, program functions, and field trips, and for the photographs to be displayed. I understand that the photographs may be taken by staff, professional photographers, news media, and other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission at any time.

Signed: \_\_\_\_\_

### Personal Property:

I understand that New Creations and its staff are not responsible for theft, loss or damage of personal items brought to the center (backpacks, clothing, toys, etc.)

Signed: \_\_\_\_\_

### Field Trips:

I understand that New Creations will, from time to time, arrange for field trips or service learning projects outside of the center. For my child to participate, my written approval for each field trip will be required, as well as payment of any special costs involved.

Signed: \_\_\_\_\_

### Policies:

I have read, and understand, the policies described in the parent handbook and agree to abide by these policies. I understand the policies and/or tuition schedule are subject to change.

Signed: \_\_\_\_\_

### Child's File:

I give permission for the center's Health Consultant, staff, and the DHS (Department of Human Services) to have access to my child's file whenever necessary.

Signed: \_\_\_\_\_