HAND SANITIZER PERMISSION FORM

I give permission to the Together Family Child Care program to allow my child to use FDA approved hand sanitizer periodically throughout the school year when it is needed to clean his/her hands while at school, under recognition and observation of the provider.

Initials: _____

CHILD PHOTO RELEASE FORM

I grant Together Family Child Care my permission to use the photographs described as an appropriate and fun educational activity that my child is involved with for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Initials: _____

NATURE WALK PERMISSION FORM

I, _____ give permission to Together Family Child Care program to allow my child _____ to be taken on, neighborhood and nature walks along Alyssa Dr. Townsend, MA under supervision of the provider. I understand this would be off-premises of the program.

Parent/Guardian's Signature: _____ Date _____

DOCUMENTATION ON GOOGLE AND T.S.G PERMISSION FORM

I give permission to the Together Family Child Care program to post pictures of my child, documentations and observations about them, on Google Documents and Teaching Strategies Gold as long as it is shared privately only with my family.

Initials: _____

SHARING CONTACT INFORMATION PERMISSION FORM

I give permission to the Together Family Child Care program to share the listed contact information of our family with other families who are enrolled in the program.

- ❑ Cell phone number
- ❑ Email address
- ❑ Home phone number
- ❑ Home address
- ❑ Share no contact information

Initials: _____

USING TOPICAL OINTMENTS PERMISSION FORM

I, _____ give permission to Together Family Child Care program to use (please write the brand):

- **Sun Screen:**
- **Bug Spray/lotion:**
-

on of my child_____ , when it is needed.

Signature: _____ **Date:** _____

Annual Update Form

Child's name:

By signing this form, you are stating that you give the educator(s) permission to:

1. Transport your child to a medical facility and receive emergency medical treatment when necessary.
2. Administer basic first aid and/or CPR on your child.
3. Take your child off the premises of the family child care home for the specified excursions. (Including walking around the block and wood trail in Alyssa dr.)
4. Apply the topical medications listed on the applicable permission form.
5. Documentation on Google and T.S.G.
6. Use the photographs described as an appropriate and fun educational activity that your child is involved with for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.
7. Use FDA approved hand sanitizer periodically throughout the school year when it is needed to clean your child's hands while at school, under recognition and observation of the provider.
8. Use the same contact information that was given at the time of enrollment of my child.

Parent's/Guardian's Signature :

Date: