## MEDICAL CARE PERMISSIONS

OVER THE COUNTER MEDICATIONS During time outside, teachers will apply sunscreen or bug spray to children on an as-needed basis. I authorize Collective Kind @ Rogers staff to apply sunscreen, bug spray, and _____ to my child, _____.

Date: _____ Signature X_____

CONSENT FOR BASIC AND EMERGENCY TREATMENT By signing here, I authorize the school to administer standard First Aid and CPR, and where it is impracticable to communicate with me, to arrange for my child to receive such medical treatment as may be deemed necessary in an emergency. I agree to pay any costs that may be incurred for emergency medical treatment or ambulance transportation.

Date: _____ X_____

FLU IMMUNIZATION All children over the age of 6 months enrolled in a group care setting for the school year must have an annual flu immunization before December of the school year. Please sign below to indicate that you understand this requirement. ACKNOWLEDGMENT: I understand that my child must receive a flu immunization before December of the school year in order to return to school in January.

Date: _____ X_____

CONSENT FOR EMERGENCY USE OF CHILD'S EPINEPHRINE AUTO-INJECTOR By signing here, I authorize the school, in the event of significant signs of anaphylaxis, to administer my child's epinephrine auto-injector. N/A if not applicable.

Date: _____ X_____

KNOWN ALLERGENS or DIETARY RESTRICTIONS _____