

# St. Andrew's Day School

## Mosquito Repellant, Sunscreen, Diaper Rash Ointment

### Mosquito repellant

\_\_\_\_\_ Yes, I give the staff permission to spray mosquito repellant before playground time.

\_\_\_\_\_ NO, I DO NOT give permission for staff to spray mosquito repellant before playground time.

### Sunscreen

\_\_\_\_\_ Yes, I give the staff permission to apply sunscreen that I have provided, before playground time.

\_\_\_\_\_ No, I DO NOT give permission to apply sunscreen, that I have provided, before playground time.

### Diaper Rash Ointment

\_\_\_\_\_ Yes, I give permission for staff to apply diaper rash ointment that I have provided, as needed.

\_\_\_\_\_ No, I DO NOT give permission to apply diaper rash ointment.

## Benadryl Authorization

In case of severe reaction to ant bites, bee or wasp stings, or other type of bite the staff may administer, liquid Benadryl.

\_\_\_\_\_ Yes, I give permission to administer liquid Benadryl to my child in case of severe reaction.

\_\_\_\_\_ No, I DO NOT give permission for staff to administer liquid Benadryl to my child in case of severe reaction.

## Benadryl Ointment Authorization

In case of an insect bite or sting we may clean the bite or sting and apply Benadryl ointment.

\_\_\_\_\_ Yes, I give the staff permission to administer Benadryl ointment if needed.

\_\_\_\_\_ No, I DO NOT give permission to administer Benadryl ointment.

## Antibiotic Ointment Authorization

In case of a scrape or cut we may clean the wound and apply an antibiotic ointment.

\_\_\_\_\_ Yes, I give the staff permission to administer antibiotic ointment if needed.

\_\_\_\_\_ No, I DO NOT give permission to administer antibiotic ointment.

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

Name of child \_\_\_\_\_

## Parent Handbook & Child Abuse Info. Acknowledgement

\_\_\_\_\_ I have received and read a copy of the current parent handbook

\_\_\_\_\_ I have read the Child Abuse guidelines found in the handbook.

Please note in the event of a chemical spill the following locations will be used. Wesley United Methodist Church or Beaumont Civic Center.

## Parent Acknowledgement of Snacks and Meals

\_\_\_\_\_ I understand that by providing my child's meals and snacks from home that St. Andrew's Day School is not responsible for its nutritional value or for meeting the child's daily food needs. Child licensing now requires us to serve all children water with lunch and snacks.

## Photo Release

\_\_\_\_\_ I give permission for St. Andrew's Day School to use photos of my child in brochures, newsletters, website or social media Weekly Blurbs via email. No Names will be published with photos. By signing this I am waiving any consideration.

\_\_\_\_\_ I DO NOT give permission for St. Andrew's to use photos of my child.

\_\_\_\_\_ I give permission for my child to participate in class parties and programs, realizing they may be photo in the background of a picture taken by a parent.

\_\_\_\_\_ I give permission for my child to be in the class photo.

**Name of Child** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Grandparent Addresses for Grandparent Day

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