

St. Andrew's Day School
Mosquito Repellant, Sunscreen, Diaper Rash Ointment

Mosquito repellent

_____ Yes, I give the staff permission to spray mosquito repellent before playground time.

_____ NO, I DO NOT give permission for staff to spray mosquito repellent 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.

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.

Please provide your email address _____

Grandparent Addresses for Grandparent Day

Name of Child _____

Parent Signature _____

Date _____

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.

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.

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 _____