

CONSENT FORM

Child's Name _____

The following items need your consent. Please contact the office with any questions. You have the option of withdrawing consent at any time.

Please circle your choice of **DO** or **DO NOT**:

I **DO** **DO NOT** give permission for my child to go on walks with the staff and class in the nearby neighborhood.

I **DO** **DO NOT** give permission for my child to ride the Charles City Taxi or YMCA Van to scheduled activities (such as Library and YMCA etc.)

I **DO** **DO NOT** give permission for my child to be photographed or videotaped for use in individual portfolios and educational, nonprofit publications or presentations

I **DO** **DO NOT** give permission for my child's photograph to be used in the Charles City Press or other publications

I **DO** **DO NOT** give permission for my child's photograph to be used on TLC's website

I **DO** **DO NOT** give permission for my child's records to be used for research purposes (grant applications, etc.) Confidentiality will be maintained.

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

I hereby give TLC (staff, subs, and/or designated employees) permission to give or apply to my child any of the following medications or preparations that I have indicated, in accordance with directions for use on the appropriate container. I also understand that it is my responsibility to provide these.

____ Soap ____ Baby Wipes ____ Sun Screen ____ Body Lotion

____ Non-prescription ointments (such as Desitin) ____ Insect Repellant

Other _____

Parent/Guardian

Date