

Child's Name: _____ Date: _____

I hereby authorized the Whistle Stop staff to apply the following:

___ Ointment ___ Sunscreen ___ Insect Repellent ___ Lip ointment

As needed: ___ Special Instructions: _____

Parent Signature

Date

Photo Permission

Whistle Stop Child Development has my permission to photograph or video tape _____ for use in advertising or in a program educational material.
(child's name)

Parent signature

Date