Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CDC/Infant Toddler Center**

**Little Rock Air Force Base**

 **Sunscreen Permission Slip**

I hereby give my permission to apply **Children’s Sunscreen with SPF 30** or higher on my child/children, provided by Little Rock Child Development Center.

 **Photo Permission Slip**

In the course of our daily curriculum, we take pictures of the children in activities. At time parents will request copies of pictures. Also, when children leave the room we like to take a group picture for the child who is leaving and present it to them as memento. Please sign below if you have no objections to us sharing these.

 **Lip Balm & Lotion**

I give my permission to Little Rock Child Development Center Center to apply lip balm for chapped lips and over the counter hand lotion for dry skin provided by myself.

 **Diaper Ointments Permission Slip**

I give my permission to Little Rock Child Development Center to apply **Diaper Cream** that I purchase for my child when he/she has a rash and/or have a red bottom. Cream **will not** be applied for preventive measures, only for treatment purposes.

 **Insect Repellant**

I give my permission to Little Rock Child Development Center to apply **Insect Repellant** purchased by the program to my child for preventive measures.

 **Hand Sanitizer**

I give my permission to Little Rock Child Development Center to apply hand sanitizer for preventive measures in the event water and soap is not available for usage.

**Allergy List**

I give my permission to Little Rock Child Development Center to post my child’s allergy information (with or without pictures) in each activity room where my child has meals/snacks. Post only if it is or become a requirement.

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**Parent’s Signature Date/ Valid for one year**