

## St. Andrews After School Program

Parental Permissions Form 2

2020-2021 School Year

### AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

I hereby give St. Andrews School personnel permission to apply one or more of the following topical ointments/preparations to my child \_\_\_\_\_ in accordance with the directions on the label of the container:

- baby wipes
- bandaids
- antibiotic ointment, such as Neosporin
- hydrogen peroxide
- sunscreen or sun block
- insect repellent
- petroleum jelly, such as Vaseline

Except for first aid, personnel shall not dispense prescription or non-prescription medication to a child without specific, written authorization from the child's physician and/or parent. Forms are available should that type of dispensing be required.

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### AUTHORIZATION TO PHOTOGRAPH

\_\_\_ I hereby grant St. Andrews School permission to photograph my child \_\_\_\_\_ participating in activities. Pictures may be posted throughout the school, on the school's website, in print and on social media.

\_\_\_ I **do not** grant St. Andrews School permission to photograph my child while participating in activities.

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### AUTHORIZATION TO SHARE INFORMATION

\_\_\_ I hereby grant permission for my child's name, address, email and phone number to be shared.

\_\_\_ I **do not** grant permission for my child's name, address, email and phone number to be shared.

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_