St. Andrews After School Program

Parental Permissions Form 2

2021-2022 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 repellant

\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_