



SUMMER ACTIVITIES PERMISSION AND STATEMENTS OF UNDERSTANDINGS

Please **INITIAL** next to each item that you give FFDC permission to do and sign at the bottom of this form. If you do not initial an item we will assume that permission is not granted.

FIELD TRIP PERMISSION:

I give permission to FFDC to take my child on walking, bus, and car trips. All field trips will be chaperoned by a minimum of two (2) staff. All parents will be notified in writing at least 24 hours in advance of any non-walking field trips.

PARENT'S INITIALS _____

PHOTO RELEASE:

Permission is granted to FFDC to take, use and/or publishes photos, movies, or any other imagery of my child for fund-raising and publicity purposes. I hereby waive, and release, any right of pecuniary benefit, consideration or other things of value for the use of my child's picture.

PARENT'S INITIALS _____

FIRST AID:

I give permission to FFDC staff to administer routine, non-surgical First Aid.

PARENT'S INITIALS _____

SUNSCREEN PERMISSION STATEMENT

I give permission to FFDC staff to apply sunscreen to my child daily as needed. Sunscreen will have a UV Protection of at least a 30. Sunscreen must be provided by parents.

PARENT'S INITIALS _____

INSECT REPELLENT PERMISSION STATEMENT

I give permission to FFDC staff to apply insect repellent that I supply when necessary.

PARENT'S INITIALS _____

WATER PERMISSION:

I give permission for my child to participate in water activities arranged by Flowers Daycare Center Children must be prepared in order to participate in water activities; towel & complete change of clothing.

PARENT'S INITIALS _____

PLAYGROUND PERMISSION:

I give permission for my child to participate in activities on the playground at Flowers Daycare Center Send your child in sneakers or leave a pair in their cubbies for playground activities.

PARENT'S INITIALS _____

STATEMENT OF GOOD HEALTH:

This acknowledges that my child _____ **DOB:** _____ who attends: Flowers Daycare Center a program licensed by Maryland Department of Education (MSDE) is in good health. Further any health restrictions, allergies, medications taken by my child, or any other needs are noted below.

PARENT'S INITIALS _____

SIGNATURE OF PARENT _____ **DATE** _____