

Little Lambs Christian Daycare and Preschool
~Blanket Permission Form~

Child's Name: _____

Please initial each line and sign at bottom

_____ I give permission to Little Lambs Christian Daycare and Preschool to take whatever emergency measures that are judged necessary for the care and protection of my child while under supervision of the center.

_____ In case of medical emergency, I understand that the local Emergency Unit for treatments will transport my child to Mercy Hospital in Coon Rapids or Fairview Northland Regional in Princeton if they deem it necessary. It is understood that in some medical situations the staff will need to contact 911 before the parents, the child's physician, or other adult acting on the parent's behalf can be reached.

I prefer _____ Hospital (Mercy or Fairview)

_____ I give permission for my child to appear in pictures that would be used for advertising, bulletin boards, photo albums, newspaper articles, the Central Lutheran Church website, etc. **NO I DO NOT** _____

_____ I understand that Little Lambs Christian Daycare and Preschool are licensed by the State of Minnesota and I hereby give permission for my child's information file to be reviewed by the Health Consultants.

_____ I give my child permission to walk with teaching staff to near by parks and field trips that would not exceed one mile.

I give permission for the following items to be applied to my child if needed and appropriate to child's age.

_____ Insect Repellent with gloves _____ Sunscreen applied with gloves _____ Diaper Ointment with glove

_____ I request **No bug spray** on my child _____ I request **No Sunscreen** on my child

_____ I give permission for my child to use hand sanitizer

_____ I give permission for my child to participate in play in the bouncy castle that is periodically set up in the gym or outside for large motor skills. I understand that my child will be supervised within state standards.

Parent Name: _____ Date: _____

Parent Name: _____ Date: _____