



Upper Perkiomen Child Care Center St. Paul's Evangelical Lutheran Church

P.O. Box 47 + Frye and St. Paul's Church Roads + Red Hill, PA 18076-0047
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215.679.5606
www.stpaulredhill.org

The Rev. William A. Vanderslice, Pastor

Director: Ms. Judy Sledgen

Assistant Director: Ms. Teresa Kulp-Weber • School Age Coordinator: Ms. Sandy Young

Parent Permission Form

Child's name: _____

Please initial next to each statement:

_____ I/we give the UPCCC permission to give my child's daily report to any authorized person to whom my child may be released.

_____ I/we give the UPCCC permission to share daily medical information (fever, cold, etc.) with any authorized person to whom my child may be released.

_____ I/we give permission to the staff of the UPCCC to apply sun screen as needed. I understand that it is my responsibility to provide the sun screen of my choice and give it to the classroom teachers. When the current bottle or tube of sun screen gets low, the staff will notify me and I will supply additional sun screen for my child. (Please remember that it is not permitted to share sun screen between children due to allergies). ***This does not apply for Nursery through Twodles children - please see additional sunscreen permission form.*

_____ I/we give permission to the staff of the UPCCC to apply over the counter lotion, supplied by the family, to my child during cold winter months when skin may dry and crack.

_____ I/we give the staff of the UPCCC permission to use Sting Kill swabs (or a similar product) on my child when needed for the temporary relief of pain and itching due to insect bites/bee stings. I/we understand that the swabs contain a topical anesthetic which contains 20% Benzocaine, 1.0% Menthol, 15% Isopropyl Alcohol, and FD&C #5 (Tartrazine) as a color additive.

_____ I/we give UPCCC permission to use my child's picture for any news releases, publications, advertisements, and/or electronic media.

_____ I/we give UPCCC permission to use my child's picture on bulletin boards in (hallways/classrooms). I/we give permission for UPCCC staff to share photos/video production that my child may be in as a group with other UPCCC families. Ex: group photos/plays etc.

I/we understand that, by initialing next to the above statements, we are indicating that we have read each statement and that we are granting our consent/permission.

Parent/Guardian Signature

Date