A Child’s Garden Two’s Class

Permission Slip

Please check off and sign the following based on your child’s needs:

\_\_ I give permission for my child to sleep in a crib at nap time if needed.

\_\_ I give permission for my child to sleep on a mat at nap time.

\_\_I give permission for sunscreen to be applied. Product will be supplied by parent.

(If a 9-12 student, please apply at home.)

\_\_I give permission for bug spray to be applied. Product will be supplied by parent.

(If a 9-12 student, please apply at home)

\_\_I give permission for 1% milk to be served to my child.

\_\_I prefer to supply another type of milk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list)

\_\_ I give permission for diaper cream to be applied. Product will be supplied by parent.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_