



Permission Form



Child's Name

Date

I give Little Treasures Learning Center permission to apply the following on my child, as needed.
I understand that only products I have supplied will be used.

Sunscreen:

☐ Yes

☐ No

Parent Signature

Diaper Cream:

☐ Yes

☐ No

Parent Signature

Lip Balm:

☐ Yes

☐ No

Parent Signature

Lotion:

☐ Yes

☐ No

Parent Signature

I give permission for my child to be photographed, in association with Little Treasures Learning Center.

☐ Yes ☐ No

Parent Signature

I give permission for Little Treasures Learning Center to document and post my child's allergy information, in a confidential manner.

☐ Yes ☐ No

Parent Signature

I give permission for outside agencies, such as Keystone Stars and Department of Human Services, to observe my child for the purpose of evaluating LTLC.

☐ Yes ☐ No

Parent Signature
