## PERMISSION SLIPS

| CHILD'S NAME:   | Date of Birth:                                 |
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| PERMISSION TO APPLY SUNSCREEN I authorize the staff at Fairview Montessori to reapply sunscreen to my child's exposed skin prior to outside play in the afternoon. I agree to apply sunscreen to my child each morning before school to ensure adequate sun protection.   |  |
| ☐ I will provide my child's sunscreen, labeled w/first 8  | & last name.                                   |
| $\square$ My child may use sunscreen provided by FMS (kid   | ls' lotion or no-rub spray with SPF ≥30).      |
| Signature:  | Date:  |
| PERMISSION TO APPLY HAND LOTION I authorize FMS to assist my child as needed in applying hand lotion provided by me if my child's hands become irritated and dry due to frequent hand-washing. If I provide hand lotion or cream, I will label it with my child's first and last name.  |  |
| Signature:  | Date:  |
| PERMISSION TO GO ON WALKING FIELD TRIPS I authorize my child to go off-site on the occasional, unannounced nature walk or across the street to Pirates' Park provided there is adequate staff supervision.  |  |
| Check here ☐ if you DO NOT authorize your child to go off site  | e for any reason without your prior knowledge. |
| Signature:  | Date:  |
| PERMISSION TO USE NAP MATS  My child may use the nap mats provided by FMS during the rest period, or if my child becomes ill or unusually tired. I understand that the mats are 2" thick, provide a firm surface for sleeping and for resting, meet USCPSC safety standards, and are disinfected between use. If my child is scheduled to nap daily, I will provide an all-in-one nap roll for my child's personal use that I will take home, launder and return each week. |  |
| Signature:  | Date:  |
| PERMISSION TO INFORM VOLUNTEERS I authorize FMS to allow volunteers to know personal information about my child, such as health conditions and emergency contact information, with the expectation that the volunteer be instructed not to disclose this information.   |  |
| Signature:  | Date:  |
| <b>PERMISSION TO SHARE DIRECTORY-TYPE INFORMATION</b> I authorize FMS to include my name and email address in the student-parent directory and to share this information with my child's teacher. FMS will not sell my email address to solicitors or 3 <sup>rd</sup> parties and will release my child's educational records only if allowed under FERPA.  |  |
| Signature:  | Date:  |
| PHOTO/IMAGE RELEASE I agree that pictures of my child and of my child's work may be shared in class newsletters and may be used on condition of anonymity for educational, public relations, or marketing purposes.   |  |
| Signature:  | Date:  |