

PERMISSION SLIPS

CHILD'S NAME: _____

Date of Birth: _____

PERMISSION TO APPLY SUNSCREEN

I authorize the staff at Fairview Montessori to reapply sunscreen to my child's exposed skin prior to outside play. I agree to apply sunscreen to my child each morning before school to ensure adequate sun protection.

- I will provide my child's broad-spectrum sunscreen, SPF ≥ 30 , labeled w/first & last name (non-aerosol).
- My child may use broad-spectrum sunscreen provided by FMS (kids' lotion or non-aerosol spray, SPF ≥ 30). Sunscreen may be brand or generic, mineral or chemical, for eg., Banana Boat or Rocky Mountain Sunscreen.

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 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. 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: _____

PERMISSION TO SHARE DIRECTORY-TYPE INFORMATION

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 3rd 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: _____