

Butterhill Permission Form

Child's Name: _____

I give permission for the Butterhill Teachers to: **(only check items you will allow)**

Administer Medications _____

(Must have Doctor's Note and Instructions)

Clean Wounds: Apply Topical Antibiotics, Band-Aids _____

Apply Suntan Lotion/ Insect Repellent _____

Apply Washable Face Paints, Stamps, Tattoos _____

(For Special Projects or Holidays)

Take Pictures of my Child in Program Activities _____

Post Pictures in Newspaper and Butterhill Website _____

Share my Name and Address _____

(with Classroom Families for invitations)

Attend all Field Trips (either walking or school bus) _____

Go to the Town Pool (kindergarten and above) _____

PARENT SIGNATURE: _____

DATE: _____

COMMENTS: _____
