



## **PARENT AUTHORIZATIONS**

### **Emergency Medical Attention**

In the event of a medical emergency when I cannot be contacted, I authorize the staff of Stepping Stones Early Learning Center to have my child transported by emergency medical personnel to Woodwinds Hospital, or the medical facility deemed necessary by EMS. I understand that I will be responsible for any costs incurred in this emergency transportation.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Release**

Stepping Stones Early Learning Center has my permission to use photographic images of my child for promotional purposes of the center. Images will only be used to promote Stepping Stones ELC. Additionally, Stepping Stones has my permission to send, via e-mail, images of my child to my e-mail address. Images will only be sent to my e-mail address. I understand that the purpose of sending images is to share in special moments in my child's day.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Parent Authorizations

Stepping Stones Early Learning Center has my permission to apply the following products on my child as needed. Please initial next to each item you are giving permission for.

\_\_\_ Lotion      \_\_\_ Diaper Cream      \_\_\_ Baby Wash

\_\_\_ Sunscreen (6 months and older)      \_\_\_ Bug Spray (not used on infants)

\_\_\_ Wipes

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_