

# Parent Authorizations

## Emergency Medical Attention

In the event of a medical emergency when I cannot be contacted, I authorize the staff of the Stepping Stones Early Learning Center to have my child transported by emergency medical personnel to a local hospital or 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: \_\_\_\_\_

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## Photo Release

Stepping Stones Early Learning Center has my permission to use photography 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 email, images of my child to my email address, and/or post to the company website and or Facebook page. I understand that the purpose of sending/posting images is to share in special moments in my child's day.

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

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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. Parent must provide, and label with first and last name, all products

- |                                   |                    |                                       |
|-----------------------------------|--------------------|---------------------------------------|
| _____ Lotion                      | _____ Wipes        | _____ Baby Wash (provided by center)  |
| _____ Sunscreen (6 mo. and older) | _____ Diaper Cream | _____ Bug Spray (not used on infants) |

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