

Consent Forms

Medication Consent

Staff at Peter Pan Child Care Centre have my permission **to administer non-prescription fever reducing medication**. I understand that fever reducing medication will only be given if it is absolutely necessary, in the event of a sudden increase in my child's temperature, and it is not to be given on a regular basis.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

I understand that in order for staff at Peter Pan Child Care Centre to **administer any other non-prescription medication to my child** I must obtain written authorization from my physician, dentist or nurse practitioner.

I also understand that in order for staff at Peter Pan Child Care Centre to **administer prescription medication**, I must first complete the Medication Consent Form and as well, the medication must be in its original container with my child's name, date prescribed and dosage on the label.

Parent/Guardian: _____ Date _____

Parent/Guardian: _____ Date _____

Permission to Apply Sun Screen and/or Insect Repellent

I give the staff at Peter Pan Child Care Centre permission to apply sun screen and/or insect repellent. I understand that I must provide sun screen(at least SPF 30) and insect repellent labeled with my child's name if I choose to have this applied to my child.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Child Care Provider's Signature: _____ Date: _____

Permission To Photograph

I give staff of Peter Pan Child Care Centre permission to photograph my child participating in activities at the child care center or while on field trips.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____