



**Early Childhood Program Permission Form**

Child's Name: \_\_\_\_\_

I consent to the following components of the Magic Circle School:

	YES	NO	COMMENTS
<b>Photographs/Video Recording</b>			
Pictures for display, Facebook, Instagram, marketing management, or website.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Topical Ointments</b>			
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	
Diaper Rash Ointment	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Screenings</b>			
Hearing Test	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Acuity Test	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Screenings	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Contact Physician or Department of Health</b>			
Medical statement of Child in Childcare and Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	

- Foster children must have DSS permission to go on ANY fieldtrip and may have photo videos for classroom use

**The purpose of this consent form has been explained to me. This consent is valid until we are notified in writing of any changes.**

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