

**CHILD'S NAME** \_\_\_\_\_

**TOPICAL AUTHORIZATION**

PLEASE SIGN ONLY ONE OF THE FOLLOWING STATEMENTS:

I **AUTHORIZE** Park West Cooperative Nursery School staff to apply as needed any topical treatments, including sunscreen, bug repellent and first aid cream on my child.

\_\_\_\_\_  
Parent's Signature Date

I **DO NOT AUTHORIZE** Park West Cooperative Nursery School staff to apply any topical treatments on my child.

\_\_\_\_\_  
Parent's Signature Date

**FIELD TRIP AUTHORIZATION**

I give permission for my child to participate in Park West Cooperative Nursery School field trips from time to time during the year. I further understand that the staff of PWCNS will supervise these trips.

\_\_\_\_\_  
Parent's Signature Date

**AUTHORIZATION TO USE PHOTOGRAPHS OR OTHER RECORDINGS**

I authorize Park West Cooperative Nursery School to take and use photographs, video, audio or other digital recordings of my child for professional development and public relations purposes, including but not limited to use on the school's website, in brochures and in other publications produced by or for the school. I understand that my child's name will not be disclosed.

\_\_\_\_\_  
Parent's Signature Date