FIRST BAPTIST PRESCHOOL, LLC

PERMISSION SLIPS FOR

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD'S NAME

2024-25 SNACK PERMISSION SLIP

***IF YOUR CHILD HAS ANY TYPE OF FOOD ALLERGY, CHOOSE THE 2ND OPTION BELOW.***

\_\_\_\_\_I give permission for the above-named child to eat all daily snacks that are chosen and/or prepared by the staff or the parents of First Baptist Preschool.

\_\_\_\_\_I prefer to bring my child a daily snack from home. I understand that snacks of any kind WILL NOT be served to my child except those provided by me.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is allergic to the following foods and is not allowed to consume these foods at any time:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Please also report these allergies to the Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

2024-2025 WALKING FIELDTRIP PERMISSION SLIP

I grant permission for the above-named child to participate in staff supervised activities that involve leaving the First Baptist Preschool grounds. These activities may include fire drills, walks, and walking visits to local establishments (i.e., Sanborn Fire Station, Port Huron Tennis House). I understand that I will be notified of any upcoming planned activities via the monthly newsletter OR with information posted on the front door of the school.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2024-2025 PERMISSION TO PHOTOGRAPH/VIDEOTAPE

\_\_\_\_\_I grant permission for the previously named child to be photographed or videotaped by the staff, parents and families of First Baptist Preschool for the purposes of curriculum, advertising, sharing on bulletin boards/classroom decorations, social media sites, and for simply preserving memories.

\_\_\_\_\_I do not wish for my child to be photographed or videotaped while at First Baptist Preschool.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

2024-25 AUTHORIZATION TO APPLY TOPICAL NON-PRESCRIPTION MEDICATIONS

\_\_\_\_\_I grant permission for any staff member of First Baptist Preschool to apply topical, non-prescription medications such as sunscreen, insect repellant, or Chap Stick as needed to the previously named child. I understand that any medications applied and supplied by the school will be approved for use on children.

\_\_\_\_\_I don’t not consent to any of the above listed items being applied to my child.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_