

## EMERGENCY TRANSPORTATION PERMISSION FORM

I understand that no emergency treatment will be given to my child without parental consent, except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I (or my spouse or a responsible adult designated by me) may be reached daily if the numbers below do not apply for that day.

In case of a medical emergency while my child is attending \_\_\_\_\_,  
I understand that the following procedure will be followed:

1. The center will contact parent(s):

Mother can be reached at \_\_\_\_\_ or \_\_\_\_\_

Father can be reached at \_\_\_\_\_ or \_\_\_\_\_.

2. If neither parent is available the center will contact these emergency persons:

Name \_\_\_\_\_ can be reached at \_\_\_\_\_

Name \_\_\_\_\_ can be reached at \_\_\_\_\_

3. The center will arrange for emergency transportation to the nearest emergency medical facility, if necessary. At no time will a staff member drive with my child unless accompanied by another adult. My child will be transported by an ambulance or other such vehicle when necessary.

4. The center will also contact my child's physician, Dr. \_\_\_\_\_  
who can be reached at \_\_\_\_\_.

I hereby authorize the center to follow this procedure.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

**Authorization Form for  
Non-prescription Over-the-Counter Skin Products  
Licensed Child Day Centers**

**VDSS Division of Licensing Programs Model Form**

**INSTRUCTIONS:**

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

**St. Paul's Episcopal Preschool** \_\_\_\_\_ has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child, \_\_\_\_\_.

**Product Name:** \_\_\_\_\_

**Known Adverse Reactions (if any):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All OTC products must:**

- Be in the original container and, if provided by the parent, labeled with the child's name
- Be used according to manufacturer's recommendation and instructions for application
- Not be used beyond the expiration date of the product

**Sunscreen:**

- Must have a minimum sunburn protection factor (SPF) of 15
- Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
- Children nine yrs. and older may self-administer sunscreen if supervised

**Diaper ointment/cream and Insect repellents:**

- Shall be kept inaccessible to children
- Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: \_\_\_\_\_ until:

\_\_\_\_\_  
(Start date) (End date)

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

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## Permission slip

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I, the undersigned, Parent(s) or guardian, do hereby consent and agree that St. Paul's Episcopal Preschool, its employees, or agents have my consent to take photographs, videotape, or digital recordings of my child(ren), and to use these in all school related website or pamphlets, and exclusively for that purpose only.

I do hereby release to St. Paul's Episcopal Preschool, its agents, and employees all rights to exhibit this work in print and electronic form publicly without the intention of sales or profit..

I understand that there will be no financial or other remuneration, either for initial time nor in the future.

Parent Or Guardian name:

Child's name:

Email:

Phone:

Signature

Date