

**Photo Permission:**

I understand that while at Riverhouse my child may be photographed during activities in their classroom, on the playground, or on a field trip.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant Riverhouse permission to share my child’s photograph internally (i.e. posted within the center; or attached to an internal email).

 Yes No \_\_\_\_\_\_int.

I grant Riverhouse permission to share my child’s photograph in promotional materials such as the brochure and the website.

 Yes No \_\_\_\_\_\_int.

I grant Riverhouse permission to share my child’s photograph in promotional materials through Riverhouse’s facebook page.

 Yes No \_\_\_\_\_\_\_int.

**Sunscreen Permission**

Name of Sunscreen and SPF #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child’s care provider will assist with applying sunscreen to bare skin including the face, tops of ears, shoulders, arms, legs, and feet 15-30 min before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

\_\_\_\_\_\_int. I understand that sunscreen will be applied to my child before outdoor activities.

\_\_\_\_\_\_int.I do not want my child to use any sunscreen other than the one that she/he brings.

\_\_\_\_\_\_int. In the event that my child’s sunscreen is not readily available, my child may use the sunscreen provided by the school.

**I have read, acknowledge, understand, and agree to the photo and sunscreen permission forms as outlined in the above.**

Legal guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_