

Child's Name:	
Topical Ointment Permission	
I give permission for TPCDC teachers to apply the following (please check as desired):	ng throughout the day as needed
Sunscreen	
☐ Bug Repellent	
☐ Diaper Ointment	
I will (please check BOTH): ☐ Apply the first application of sunscreen, bug reperchild comes to the Center. ☐ Send in bottles of sunscreen, bug repellent, and/or child's name.	
Parent Signature:	Date:
Swimming/Wading Activity Permission	
My child has permission to go in water up to their: (Check a	all that apply.)
☐ Knees	
☐ Waist	
□ Chest	
My child:	
☐ Can swim	
☐ Has taken swimming lessons. If so, how many ye	
☐ Has permission to take a pool swim test, which all and/ or lazy river, with approval from a pool lifeg	_
Children may participate in swimming activities <u>only</u> acco cannot swim they will stay in water chest-deep or lower. I supervised at all times by TPCDC staff. When not at TPCD facilities meeting applicable local standards will be used.	understand that the children will be
Parent Signature:	Date: