

Kid Angles

Photograph & Skin Care Permission

Child's Name:	Birth Date:	Hair Color:
Eye Color:	Height:	Weight:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Give photographs to current clients in newsletters, brochures		
Display in scrapbook or bulletin boards, shown to current and prospective clients		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Use videos in promotional materials		
Website		

****** Only first names (and last initials in the event of more than 1 child with the same first name) will be displayed in the newsletters or scrapbooks.)

I hereby give permission for one or more of the following to be applied, in accordance with the directions for use on the container. And I release Kid Angles from any liability for administering these preparations.

- | | |
|---|--|
| <input type="checkbox"/> Baby wipes
<input type="checkbox"/> Band-aids
<input type="checkbox"/> * Sunscreen
<input type="checkbox"/> Non-prescription ointment (such as A & D, Desitin, Vaseline)
<input type="checkbox"/> * Other: _____ | <input type="checkbox"/> Neosporin, bacitrician, or similar ointment
<input type="checkbox"/> Bactine or similar first-aid spray
<input type="checkbox"/> * insect repellent |
|---|--|

* Must be provided by the parent.

I understand it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree this form will remain in effect during the term of my child's enrollment.

Guardian's Signature	Date
Guardian's Signature	Date
Director	Date