

Commonwealth Children's Center  
Permission Slip

I give permission for my child to participate in trips to the following destinations:

Boston Common, Public Garden, Faneuil Hall, Downtown Crossing, West End Library, The Boston Athenaeum, Old South Meeting House, Newbury Yarns, nearby parks, Rings Fountain on Rose Kennedy Greenway, Nichols House Museum, the Charles River Plaza Whole Foods, the Fire Station on Cambridge Street, walks around Beacon Hill, Government Center, and The North End, by walking for Sprouts, Buds, and Blossoms, carriage/carrier for infants, and carriage for non-walking toddlers. If needed for safety, young toddlers will be wearing body harnesses while walking. *I understand that I will be informed prior to any trips of a different nature.*

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

I authorize my child's healthcare provider to share information with CCC regarding my child's health exams, immunizations, illness visits, etc. as pertaining to HIPPA Laws  
(It is the parents' responsibility to bring in the required health forms)

initials \_\_\_\_\_

To be photographed by our teachers for the sole purpose of our classroom and outside hall display.

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

To be videotaped for the sole purpose of our classroom teachers by our classroom teachers.

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

I give consent to CCC staff to apply  
diaper ointment provided by parent.

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

sunscreen provided by parent.

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

sunscreen (SPF 30+) provided by CCC

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

hand sanitizer (**children age 2 and older**)

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

I give consent to CCC staff to apply chapstick provided by parent (**for ages 3 and older only**; please mark if your child will be three or older in the next year).

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

over 

**For my child's allergy information to be visibly posted (please mark even if your child is not currently diagnosed with an allergy as allergies may develop or be diagnosed in the future).**

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

**For my child's teeth to be brushed.**

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

**For my child's teeth to be brushed with parent-provided toothpaste.**

**(Buds and Blossoms only; please mark if your child is or will be a Bud or Blossom in the next year)**

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

**In the unlikely event of an Emergency Evacuation, when all the children have to leave the building and be moved to our Evacuation site at 20 Somerset Street, to feed my child milk-based formula (soy-based if allergic to dairy) if they are hungry prior to emergency pick up. (Infants only)**

Yes \_\_\_\_\_ No \_\_\_\_\_ initials \_\_\_\_\_

**Child's Name (Print)** \_\_\_\_\_

**Parent's/Guardian's Name (Print)** \_\_\_\_\_

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