

PARENT PERMISSION FORM

Your signature on this form, gives Bright Beginnings Academy, permission to use the following topical medications as needed, to ensure that your child is comfortable and protected: sunscreen, insect repellent, non-medicated powder, petroleum jelly, and A.D. ointment.

Signature of Parent or Guardian

Date _____

Your signature on this form, gives Bright Beginnings Academy, permission to take your child on walks and wagon rides around the building complex with proper supervision. In addition, it gives Bright Beginnings Academy, permission to escort your child to the adjoining field for periodic activities during the year.

Signature of Parent or Guardian

Date _____