

AUTHORIZATION FORM
Diaper Cream/Lotion/Lip Balm

Child's Full Name _____

Parents: When filling out this authorization form, please be very specific when you ask us to use the cream/lotion, etc. There may be times when the cream is needed for just a few weeks or month. It is extremely important that you provide us with the most detailed information so we may care properly for you child. Be sure that you put your child's first and last names on all creams, lotions and lip balm. **Please put sunscreen on your child prior to coming to school or when the temperature is above 70 degrees.**

Product Name _____

Times to be applied _____

(at every diaper change; when rash occurs, etc)

Dates to be applied _____

(August 19, 2015-May 20, 2016, etc)

Parent Signature _____ Date _____

Product Name _____

Times to be applied _____

(at every diaper change; when rash occurs, etc)

Dates to be applied _____

((August 19, 2015-May 20 2016, etc)

Parent Signature _____ Date _____

Product Name _____

Times to be applied _____

(at every diaper change; when rash occurs, etc)

Dates to be applied _____

(August 19, 2015-May 20 2016, etc)

Parent Signature _____ Date _____

Product Name _____

Times to be applied _____

(at every diaper change; when rash occurs, etc)

Dates to be applied _____

(August 19, 2015-May 20, 2016, etc)

Parent Signature _____ Date _____

Photo Release
SFSJMP 2013-2014

SFSJMP takes photographs as part of the over-all experience of our quality program such as assessment tools, classroom projects, events and service projects. The use of these photographs will not be shared on the Internet nor used in any media or publication without written consent of their families.

I _____ give (do not give ____) SFSJMP permission to photograph my child _____ for school use.

Parent Signature _____ Date _____

EMERGENCY RELEASE FORM
SFSJMP 2013-2014

SFSJMP will transport children who are in need of emergency care to Stillwater Medical Center located at **1323 West Sixth Stillwater, OK 74074**. SFSJMP will contact me of the emergency at _____ or to whom I have given permission to pick up my child (ren) in case I cannot be reached.

I understand that it is necessary to provide current emergency contacts and phone numbers as well as insurance information on file with SFSJMP in case of an emergency.

By signing below, I give SFSJMP to contact 911 and transport _____ to Stillwater Medical Center in case of an emergency.

Parent(s)/Guardian Signature: _____

Date: _____