

**Playtopia Before & After School Center  
Authorization Forms**

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## Medication Authorization

**Over The Counter:**

I hereby give permission for Before & After School Center Facilitators to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container:

- Tylenol/Advil  Band-Aids  Polysporin or similar ointment  
 Bactine or similar first aid spray  Sunscreen  Insect Repellent  
 Other: (please specify)

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

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

**Prescription:**

I hereby give permission for program facilitators to administer prescription medication. I understand that the medication must be in an original container provided by the pharmacy. The medication must have my child's name and instructions on how to administer.

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

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

**Emergency Medication:**

I hereby give permission for program facilitators to administer emergency medication to my child. This includes EPI-PEN and/or ASTHMA PUFFER. I understand that the medication must be in an original container provided by the pharmacy. The medication must have my child's name and instructions on how to administer.

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

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

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## Photograph Authorization

I, \_\_\_\_\_ (parents or guardians name) give permission for the Program Facilitators to photograph my child, \_\_\_\_\_ (childs name).

For the following purposes:

- Display still photos on facility website
- Use still photos in promotional materials
- Use still photos to develop end of year report cards

Grant Permission     Decline Permission

I agree that this form will remain in effect during the term of my childs enrollment.

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

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

## Transportation Authorization

I give permission for \_\_\_\_\_ to leave the facility for trips in a program facilitators car or on public transportation, to special places, walks to the park. I understand that I will be notified in advance of any field trips or special trips to places requiring use of a car or public transportation.

I also understand I am responsible to provide any car restraints or booster seats necessary for safe traveling.

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

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