



Parental Consent For Photos and Topical Ointments

Student's Name: _____

Date: _____

Photo Release: Please INITIAL all that you wish to apply.

_____ I do NOT wish to have my child's photograph published in any manner. I understand this means I will not see photos of his/her time while in care.

_____ I give permission to the staff of The Westboro Learning Center to publish PRINTED photos of my child within the physical building of The Westboro Learning Center.

_____ I give permission to the staff of The Westboro Learning Center to publish digital photos of my child to a closed group of parents via a classroom app such as "Homeroom" or "Shutterfly Classroom Share."

_____ I give permission to the staff of The Westboro Learning Center to use photos of my child for promotional purposes. This may include, but is not limited to promotional flyers, press-releases, The Westboro Learning Center's website and/or Facebook page.

Topical Ointments: Please INITIAL all that you wish to apply.

_____ I DO NOT wish to have bug repellent applied to my child at any time.

_____ I give permission to the staff of The Westboro Learning Center to apply insect repellent to my child when necessary.

_____ I DO NOT wish to have sunscreen applied to my child at any time.

_____ I give permission to the staff of The Westboro Learning Center to apply sunscreen to my child when needed.

Parent/Guardian Signature: _____