



Alfred Montessori School Topical Authorization

I, _____ give permission to Alfred Montessori School authorized
Parent/Guardian Name
childcare staff to administer the following topical ointments to my child, _____.
Child's Name

I understand that I need to provide the ointment in its original container, labeled with my child's first and last names.

Sunscreen Special Instructions: _____

Diaper Rash Ointment Special Instructions: _____

Other (specify) _____

Instructions: _____

Alfred Montessori Staff will not be permitted to apply prescription topical ointments.

Parent/Guardian Name: (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Alfred Montessori School Photo Release Form

As parent/guardian of _____, I give my consent that my child's photograph, video, or audio recording may be taken and used for the following:

for classroom projects and parent newsletters ONLY

for classroom projects, parent newsletters, and to promote Alfred Montessori School (posters, brochures, etc.) with prior notification

I **do not** give my consent for my child's photograph, video, or audio recording to be taken.

Parent/Guardian Name: (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

