



## Elim Children's Center Parent Consent Form

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Name of Facility: Elim Children's Center      Address: 302 W. Church St/Marshalltown, IA

Name of Child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CONSENT IS GIVEN FOR THE FOLLOWING ITEMS INITIALED BELOW:

\_\_\_\_\_ I give permission for Elim Children's Center to contact Central Rivers AEA for consultation on my child's development if questions/concerns arise.

I understand that will be notified before any contact is made.

\_\_\_\_\_ I give permission for my child to participate in field trips away from the center as part of activity plans. I understand that I will be notified prior to any off site activity occurring.

\_\_\_\_\_ I give permission for Elim Children's Center to photograph my child during center activities; photos may be shared on Elim websites/social media.

Sunscreen: During warm weather months (April-September) sunscreen will be applied to all children over 2 years of age when involved in outdoor activities; applied prior to outdoor exposure per label directions. Sunscreen, and lip balm if desired, will be supplied by parents for their child's use, will be labeled with child's name and must be in the original bottle. Sunscreen will be reapplied after 2 hours of first application.

\_\_\_\_\_ I give permission for the sunscreen I provide to be applied to my child.

\_\_\_\_\_ I give permission for sunscreen at the center to be used for my child in the event necessary.

\_\_\_\_\_ I Do Not give permission for application of sunscreen.

Insect Repellant: During the months April-October insect repellant may be necessary during outdoor activity times. Insect repellant of your choice will be provided by each child's family, contain less than 5% Deet, be in original bottle and labeled with your child's name.

\_\_\_\_\_ I give permission for the insect repellent I provide to be applied to my child.

\_\_\_\_\_ I Do Not give permission for application of insect repellent

Attendance and Meal Consent Form

Please check all days/meals that your child will be eating while attending Elim Children’s Center.

MEAL:	Breakfast	Lunch	Afternoon Snack
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

CACFP Application on File \_\_\_\_\_ Yes    Date \_\_\_\_\_  
\_\_\_\_\_ No