



INFANT & TODDLER Permission Form

DATE: _____

Child's Name: _____

YES NO

 I permit PARKVIEW BAPTIST SCHOOL staff to apply over-the-counter diaper rash cream on an as-needed basis.

- Creams, ointments, or sprays are to be supplied by parents and cannot be expired.
- Children will not share diaper rash products.
- Please be sure to write your child's name on the tube, jar, or bottle.

YES NO

 I permit PARKVIEW BAPTIST SCHOOL staff to use a nasal bulb syringe to remove nasal secretions on an as-needed basis.

Instructions for use of bulb syringe:

- Bulb syringes are to be supplied by parents

YES NO

 I permit PARKVIEW BAPTIST SCHOOL staff to provide my infant, < 1 year old, with drinking water as per the following instructions.

Amount of water to be given via bottle or cup: _____

How often/when should water be given: _____

*Parkview Baptist School encourages parents to contact your child's Pediatrician for recommendations regarding the amount and frequency of water that should/can be offered.

Parent's Signature: _____

Any authorization will remain in effect for one full school year.