

Parent's/Guardian's Permission To Apply Band-Aids To Child

(Name of Child) _____

As the parent or guardian of the above child, I recognize that my child may have an accident during the day and may need a band-aid. Therefore, I give my permission for personnel at:

(Child Care Business) Holy Family Teddy Bear Club

to apply a band-aid to my child when it is necessary. I understand that the band-aid will be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of band-aid for my child:

- I do not know of any allergies my child has to band-aids.
- Staff may use the band-aids of their choice following the directions or recommendations printed on the box.
- I have provided the following brand/type of band-aids for use on my child:
- My child is allergic to some band-aids. Please use only the following brand(s) and type(s) of band-aids:

- For medical or other reasons, please do not apply band-aids to the following areas of my child's body:

Parent/Guardian full name (print):

Parent/Guardian signature:

Date:
