

## TINY TREASURES AUTHORIZATIONS

### Permission to introduce new foods

I/We give permission to **introduce new foods** to my child before the age of 12 months. Parents will keep the provider informed of the foods being introduced.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Parent Signature/Date

### Permission to potty-learn

I/We give permission to work on **potty-learning** with my child once they are determined ready for this process. I understand that a child seat could be used on the regular toilet, as well as a potty chair.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Parent Signature/Date

### Permission to participate in activities

I/We give permission for our child to use all of the **indoor and outdoor play equipment** and participate in all **activities**.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Parent Signature/Date

### Permission to nap

I/We give permission for our child to **sleep** in a nap room on a mat, or in a playpen provided. I will provide a blanket and a pillow. If your child needs a snuggly, they may bring it to keep in their basket.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Parent Signature/Date

### Permission to be photographed

I/We give permission for our child to be included in all **photographs** and use of them in the childcare, the childcare blog, in personal gifts, and projects. Prior notification is not required.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Parent Signature/Date

### Permission for over the counter medications

PARENT'S CHOICE

BRAND

PROVIDER USES & PROVIDES

BRAND

Diaper cream

\_\_\_\_\_

Sunscreen

\_\_\_\_\_

Sunscreen: Coppertone SPF 50

Other: Wipes

\_\_\_\_\_

Other: Wipes (hands only) Huggies

All of the topical ointments are used as a preventive measure and all other topical ointments require a physician's written permission.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Parent Signature/Date