Bee Sting Pad Permission

Daily outdoor activity is part of our early childhood program. Although we encourage children to stay clear of bees and wasps while playing outside, occasional bee stings can happen. Our First-Aid kits are equipped with bee sting treatment pads, but the state considers this a medicine, which requires parent consent. By signing the form below, you give permission for your child to receive a bee sting treatment pad in the event of a bee sting while at school. Without the completion of this form, your child will receive an ice pack treatment instead.

Child's Name:_____

I give permission for my child to receive a bee sting treatment pad in the event of a bee sting while in care at the Slippery Rock Area Parks and Recreation Early Learning Center during the 2026-2027 school year.

_____

Parent/ Guardian Signature **Date**

Hand Sanitizer Permission

Although handwashing is an essential routine part of the day, sometimes hand sanitizer is a more efficient way to stop the spread of germs while your child is at school. Our classrooms offer kid-friendly hand sanitizer for times when sneezes, runny noses, or outside play calls for a quick clean up. By signing the form below, you consent to your child receiving hand sanitizer while in our care.

Child's Name:_____

I give permission for my child to receive one pump of hand sanitizer while in care at the Slippery Rock Area Parks and Recreation Early Learning Center during the 2026-2027 school year.

_____

Parent/ Guardian Signature **Date**

Minor Photo Release Form

Parent/Guardian Information:
Full Name: _____
Relationship to Minor: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email: _____

Minor's Information:
Full Name:_____
Date of Birth:_____

Purpose of Photo Use:
I grant permission for Slippery Rock Area Parks and Recreation to take and use images of my child for the following purposes:

- ☐ Social Media Posts
- ☐ Newsletters/Brochures
- ☐ Digital Marketing

These images may be published to public websites and be accessible by the general Public.

- ☐ I do not wish for images of my child to be posted to the public.

_____

Parent/ Guardian Signature **Date**