

CHILDSPACE DAY CARE CENTER

ALLERGY RELEASE

I give Childspace Day Care Center permission to post a listing of my child's allergies in an area of the classroom where it is accessible to all staff.

CHILD'S NAME _____

DATE _____

PARENT SIGNATURE _____

PHOTO RELEASE

I, the parent/guardian of _____, hereby consent that photographs, videotapes, and/or electronic images of my child can be used by Childspace Day Care Center for news and publicity purposes.

NAME OF CHILD _____

DATE _____

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____