



## Alfred Montessori School Topical Authorization

I give permission to Alfred Montessori School authorized childcare staff to administer the following topical ointments to my child.

I understand that I need to provide the ointment in its original container, labeled with my child's first and last name.

Sunscreen      Special Instructions: \_\_\_\_\_

Diaper Rash Ointment      Special Instructions: \_\_\_\_\_

Other (specify) \_\_\_\_\_ Instructions: \_\_\_\_\_

**Alfred Montessori staff members are not allowed to apply prescription topical ointments.**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Alfred Montessori School Photo Release Form

**I give consent** for my child's photo to be taken and used for the following purposes:

for classroom projects and parent newsletters **ONLY**

for classroom projects, parent newsletters, school brochures, AMS website and AMS Facebook page

**I do not give** consent for my child's photograph, video, or audio recording to be taken.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_