

# CHILDREN'S DISCOVERY CENTER

## Minor First Aid Medicine Blanket Permission

Child's Name: \_\_\_\_\_

<u>Yes</u>	<u>No</u>	<u>Medication</u>	<u>Reason</u>
—	—	Peroxide	Open cut or abrasions
—	—	Antibiotic Ointment	Scrapes or scratches
—	—	Vaseline	Scrapes and Scratches
—	—	Anti-Itch Cream	Minor Skin Irritation

For any reason you do not want us to administer any of the above medications without a doctor's prescription please be sure to notify us.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

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## BUGGY/STROLLER SPONTANEOUS RIDES

Dear Parent,

Occasionally we go on buggy or stroller rides around the parking lot or playground when the weather permits. Since timing of this requires spontaneous reactions, we request that you provide blanket permission for such outings, by signing below.

I give permission for my child, \_\_\_\_\_ to go outside for a ride in the buggy or stroller.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed