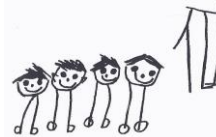




# Plymouth House Nursery School

87 Edgell Road  
Framingham, MA 01701  
508-875-1001



## Permission Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please initial your agreement with the following:**

### Parent Handbook

I have read the Plymouth House Nursery School Parent Handbook and Health Care Policy and understand the contents. I will comply with the rules and regulations of the school.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Contact Information

I give permission for my family's email address to be shared with PHNS families upon request.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Picture Taking

I understand that periodically Plymouth House Nursery School will take photos of my child for use in classroom newsletters sent to PHNS families, as well as for display in the school. I understand that these photos will *not* be used for advertising purposes or social media.

- I agree for my child's photograph to be emailed in a classroom newsletter to PHNS families.

Yes \_\_\_\_\_ No \_\_\_\_\_

- I agree for my child's photograph to be displayed inside the school building.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Photo Posting

I give permission for my child's photograph to be used for Plymouth House Nursery School advertising/marketing purposes, including but not limited to printed materials, our website, as well as for use on Facebook.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Topical Cream

I give permission for the staff of Plymouth House Nursery School to apply non-medicated, topical creams to my child. These creams include diaper cream, sunscreen and bug repellent. I understand that I will supply any needed creams for my child and that these creams should be handed to a staff member and not left in my child's backpack.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Hand Sanitizer

I give permission for the staff of Plymouth House Nursery School to apply hand sanitizer to my child. I understand that Plymouth House Nursery School will supply any needed sanitizer for my child. Hand sanitizer will always be kept out of reach of children and be closely monitored.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
*Date*