

Napping Arrangements

My child, _____ will be taking a nap during the designated naptime in the **Infant Room, Tweeny Room, Toddler Room, Preschool Room**. My child will nap in a **Pack-n-Play** or on a **Cot**.

I understand that the staff of each classroom will provide competent supervision of the children at all times.

Parent Signature

Date

Permission to Apply Sunscreen

My child _____ may have sunscreen applied to exposed skin areas before going outside while at the Canton Day Care Center.

I understand that it is my responsibility to supply sunscreen lotion with a sun protection of 30 or more. The center will not accept sunscreen sprays! The bottle will be labeled with my child's name.

Parent Signature

Date

Permission to Apply Non-Medicated Topical Products

(Destin, A&D Ointment, Aquaphor, Lotions, Powder)

My child _____ may have _____ applied to the skin areas directed by the direction on the original container or as directed by the parent.

Directions: (one form per ointment)

Parent Signature

Date