

ALL SEASONS PERMISSION SLIP

(Please circle your choice)

I give permission for All Seasons staff to use the following as needed:

Yes No Hand sanitizer

Yes No Sunscreen from school supply

Yes No DEET-free insect repellent from school supply

Yes No I give permission for my child to hike on adjacent properties.

Yes No I give All Seasons permission to photograph/video tape my child.
Such images may be used for educational and publicity purposes.

Yes No (for children who wear diapers) I give permission for diapering
N/A products to be used on my child. (If desired, parents must provide
diapering cream or ointment.)

Child's name _____

Parent's signature _____ Date _____