**BASIC RELEASE/ PERMISSION TO PLAY OUTSIDE**

For my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It also allows them to apply the following non-prescription items to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DIAPER RASH OINTMENT OR CREAM

SUNSCREEN

BUG SPRAY

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any of the above are prescription medications: they MUST be in its original containers and clearly labeled with your child’s name, be accompanied by a medication form. (Provided upon request, send per e-mail)

It is understood that the daycare will NEVER allow your child to go into a swimming pool or into a wading pool.

It is understood that the daycare will use sprinklers, water tables and go to local splash pads. Permission is given for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use them and that the children will be supervised at all times when doing so.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to engage in outdoor activities. Outdoor play and activities are a fundamental part of Little Sunflower Kids Family Home Daycare’s program.

Our (my) child can participate in age- appropriate outdoor activities including but not limited to:

Swinging, sliding, climbing, using a sandbox and a water table, including parks and the provider’s fenced backyard supervised by Katharina Mierswa.

Our (my) child has permission to attend daily outings, such as going to parks, schools, libraries, playgroups, splash pads, trips to the Early On Centre on Wellington Street that may be planned by Little Sunflower Kids Family Home Daycare.

THIS RELEASE ALSO RELEASES THE DAYCARE AND PERSONS AS STATED ABOVE FROM ANY LIABILITY FROM ANY ACCIDENT OR INJURY WHICH MAY OCCUR REGARDING THE ABOVE.

 Mother's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_