



Tree House Early Education Inc.
24 Walpole St. Norwood, MA 02062
treehousecenter24@gmail.com
857-243-3225

CONSENT TO PICTURES AND VIDEO

Child's Name: _____

I, _____, the parent/guardian of the above-named child do hereby give my permission for the staff/representatives of Tree House Early Education to take pictures and/or videos for educational/promotional purposes (i.e.: newsletters, bulletin boards, video yearbook, etc.). Furthermore, I grant the above-named entity my permission to use this/these images (pictures and/or video) in any manner it may deem proper and fitting, including possible release for media publication.

Parent Signature: _____ Date: _____ / _____ / _____

ANNUAL UPDATE FORM

Once your child has been in care for a year, the provider must have you review this form and update any incorrect information. The provider is also required to have you sign several of the permission forms again.

Please review the information contained in this record and make any corrections. By signing this form, you are stating that you give the provider permission to:

1. Transport your child to a medical facility and receive emergency medical treatment;
2. Perform first aid and/or CPR on your child;
3. Take your child off the premises of the family child care home for the specified excursion; and
4. Apply the topical medications listed on the applicable permission form.

Child's Name: _____ Date: _____ / _____ / _____



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TOPICAL OINTMENT FORM

I authorize Tree House Early Education to apply **DIAPER CREAM**/ _____
to my child _____ from _____ to _____.
(Ointment can be authorized for one year).

Special instructions: _____

Parent Signature: _____ Date: ____/____/____

TOPICAL OINTMENT FORM

I authorize Tree House Early Education to apply **SUNSCREEN**/ _____
to my child _____ from _____ to _____.
(Ointment can be authorized for one year).

Special instructions: _____

Parent Signature: _____ Date: ____/____/____