



**PARENT/GUARDIAN CONSENT FORM**

**TRIPS AND SPECIAL ACTIVITES**

I, \_\_\_\_\_ (parent/guardian), am the parent or legal guardian of \_\_\_\_\_, and I am informed of the activities offered by BCS Atlantic Avenue Learning Center at: 1825 Atlantic Avenue, Brooklyn, NY 11233. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by BCS Atlantic Avenue Early Learning Center.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**AUTHORIZATION FOR PHOTOS AND VIDEO USE FORM**

The undersigned grants permission for the videotaping and/or photographing of the following Child/Children:

1. \_\_\_\_\_ 2. \_\_\_\_\_

The videotapes and/or photographs will be used by the staff specifically for: Photo sharing, website, and publications.

No other use of the videotapes and/or photographs shall be allowed.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
Date of authorization

**OINTMENT APPLICATION AUTHORIZATION**

I \_\_\_\_\_, give/do not give permission to \_\_\_\_\_, apply the following \_\_\_\_\_ topical ointment, according to label specifications or unless otherwise noted.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE