



Topical Authorization

I, _____, give permission for the Athenaeum Learning Center's authorized instructional and/or administrative staff to administer topical ointments, including insect repellent and sunscreen, to my child, _____.

I understand that I need to provide the ointment in its original container, labeled with my child's name. Parents must supply any topical ointment to be used on their child(ren).

I give permission for my child to share topical ointment with other children from my household.

I DO NOT give permission for my child to share topical ointment with other children from my household.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Photo Release Form

I, _____, give consent for the Athenaeum Learning Center to use my child's photograph, video, or audio recordings for the following purposes:

For classroom projects and communication within the Athenaeum Learning Center community only.
For the above purposes, as well as to promote the Athenaeum Learning Center.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____