

## Sunscreen and Bug Repellant Permission

**Child Name:** \_\_\_\_\_

If a sibling is attending:

**Child Name:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

I give the Cornwall Child Center staff permission to apply the sunscreen and/or bug repellant I provide to my child(ren) named above. I have labeled the sunscreen and/or bug repellant with my child's name. PARENTS: PLEASE APPLY SUNSCREEN before DROP OFF DAILY. Thank you!

**Parent/Guardian Signature:** \_\_\_\_\_

---

## Field Trip Permission

**Child Name:** \_\_\_\_\_

If a sibling is attending:

**Child Name:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

I give the Cornwall Child Center staff permission to take my child(ren) outside of the enclosed area, on field trips, as indicated by the following signatures, to:

The Cornwall Consolidated Elementary School Library, Gym or Playground \_\_\_\_\_

The Camp Circle or River Bank \_\_\_\_\_

The Little Guild \_\_\_\_\_

The Cornwall Fire House \_\_\_\_\_

*Any other trips will require a separate permission form.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_