



Picture Waiver Form

I hereby authorize Precious People Learning Center to use photograph pictures, taken on the school premises, of my child _____.

These photographs are authorized to be posted on the schools web site at preciouspeoplelearningcenter.com, the schools social sites or for any advertising purposes.

Custodial Parent / Legal Guardian

Print Name

Date

I do not wish for my child to have photographs taken within the school or to be used in any advertising articles including the Precious People Learning Center web/social site.

Custodial Parent / Legal Guardian

Print Name

Date



Mosquito Medication Authorization

I hereby authorize Precious People Learning Center to administer mosquito repellent to my child _____ twice daily to their arms and legs only (faces will not be sprayed). This procedure will be done before playtime in the morning and afternoon to help stop mosquito bites on the playground. I understand that not all mosquito bites will be stopped.

The repellent used will be 'Off' by Johnson and each parent will donate one bottle to the school as needed when supplies are needed.

I further understand that my child may still be bit by insects and do not hold Precious People Learning Center responsible for any bites, allergy reactions, or scratched areas caused once the spray has been applied.

Custodial Parent / Legal Guardian

Print Name

Date

I do not wish for my child to be sprayed daily with repellent and understand that my child may become prone to bug bites while outside.

Custodial Parent / Legal Guardian

Print Name

Date