Family Authorization Form

This form must be updated annually I	by (date)
Child's name:	Date of Birth:
Parent/Guardian name:	
Please initial each item (authorized or not authorized	ed) <u>Authorized</u> <u>Not Authorized</u>
 My child is older than one (1) year of age and <u>may</u> use a mat, cot, blanket and pillow during rest time. 	
 My child is an infant (younger than one) and may use a crib during rest time as stated by Seedling's Infant Sleep Safe Policy. 	
Seedlings Early Learning Center staff may use the following products which are provide on my child. Diapers Diaper Wipes Other:	
 I have provided the following items to be used for the care of my child: (Please specify brand) Diaper Ointment:	
during the summer months.	
I hereby indemnify and hold harmless Seedlings Ea and employees against any and all liability for any a related to the items listed on this form for which I ha	and all injuries to my child arising from or
Parent/Guardian Authorization	 Date