

Forest Area Early Learning Center, LLC

104 Janet Street

P.O. Box 178

Fife Lake, MI 49633

I give permission for Forest Area Early Learning Center, LLC to apply the following
over the counter medications on my child _____ as

needed: Bugspray, Sunscreen, Diaper Rash Ointment.

Name

Date

I give permission to Forest Area Early Learning Center, LLC to take my child
_____ for nature walks or walks to the
Fife Lake Library, local playgrounds, and surrounding areas while in care at Forest
Area Early Learning Center, LLC.

Name

Date