



## Directory

  
initial      
initial

I/we give permission to Gretchen's House to publish my name, address, email address and telephone number in a center directory to be distributed to Gretchen's House parents and staff.

## First Aid

  
initial      
initial

I/we give permission for caregivers of Gretchen's House to apply:  
Sunscreen  
Insect Repellant  
Rash Cream (ex. Desitin, Balmex)  
Baking Soda (can be applied to bee stings)  
Vaseline

## Photo/ Video

  
initial      
initial

I/we give permission for Gretchen's House to use photographs and video of my child in the centers, in training and recruiting materials and publications, and on company web and social media sites.

## Licensing

  
initial      
initial

I/we have been informed of the State's requirements regarding licensing documentation:

- The center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook is available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

## Field Trips

  
initial      
initial

My child may participate in center-sponsored activities away from the center property, some of which may involve transportation in vehicles.

## Pool Slide

  
initial      
initial

**[Summer Camp Only]** I/we give permission for my/our child to go on the slides at public pools. I understand that my child must pass the height requirement at the pool. GH staff will supervise my child in cooperation with lifeguards and according to rules for each pool.

## Swim Test

  
initial      
initial

**[Summer Camp]** I/we give permission for my/our schoolage child to take the swim test at the public pools. If s/he passes the test, I/we give permission for her/him to swim in the deep end of the pool with Gretchen's House Scamp.

## Health Record

  
initial      
initial

My/our child is in good health and his/her immunizations are current. Any health restrictions, allergies, medications, or any other needs are noted here:

My/our child requires access to an epi-pen. I/we will provide a non-expired epi-pen with an up-to-date action plan from a physician.

## Insurance

\_\_\_\_\_  
Your Insurance Provider, Group Number, Subscriber ID

Parent Signature(s) \_\_\_\_\_

Parent email address(es) \_\_\_\_\_