

# Solon Chabad Preschool

## ROUTINE PERMISSION SLIPS

**Preschool Child's Name** \_\_\_\_\_

The State of Ohio requires that our school have a written and signed permission form from the parent or guardian to be on file for each child for any walks within the building and around the grounds of our campus. Please be sure to read and sign both permission statements below. Thank you.

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I give my permission for my child to be taken on "walking trips" with his/her class to the Social Hall, Library, main kitchen, clergy offices, and Sanctuary within the building.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

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I give my permission for my child to walk around the entire grounds and campus of Solon Chabad / Solon Chabad Preschool.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

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I give permission for my child to be photographed in an individual or group photo (no names listed) which may be used in our Solon chabad social media accounts. Any photos with names that are released to outside media outlets will have a separate permission form.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

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I give permission for Solon Chabad Preschool to apply topical ointments (ie.sunscreen, diaper cream). All ointment must be in the original container.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

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I have received and reviewed the parent handbook.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date