



PICTURE WAIVER FORM

I hereby authorize Happy Corner Academy to use photograph pictures, taken on the school premises, of my child _____.

These photographs are authorized to be posted on the schools website at:

<http://web6.proweaverlinks.com/happycorneric893/>

The schools social media sites or any advertising purposes.

Custodial Parent/Legal Guardian Print Name: _____

Custodial Parent/ Legal Guardian Signature: _____

Date: ____/____/20____

I DO NOT WISH for my child to have photographs taken within the school or to be used in any advertising articles including Happy Corner Academy's web/social media pages.

Custodial Parent/ Legal Guardian Print Name: _____

Custodial Parent/ Legal Guardian Signature: _____

Date: ____/____/20____

MOSQUITO MEDICATION AUTHORIZATION

I hereby authorize Happy Corner Academy 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 Happy Corner Academy responsible for any bites, allergy reactions, or scratched areas caused once the spray has been applied.

YES ____

Custodial Parent/ Legal Guardian Print Name: _____

Custodial Parent/ Legal Guardian Signature: _____

Date: ____/____/20____

NO ____

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

Custodial Parent/Legal Guardian Print Name: _____

Custodial Parents/Legal Guardian Signature: _____

Date: ____/____/20____

