

**Stepping Stones Discovery & Development
Photo & Video Release form**

Child's Name _____

Stepping Stones uses video and photographs for a variety of reasons. They include:

- Child portfolios,
- Classroom photo albums
- Classroom visual aids
- Teaching reflection on classroom practices
- Website family page, Facebook family account or brochure

Please indicate your permission for the use and publication of visual recordings including photographs of your child.

- I permit Stepping Stones to use all forms of visual recordings of my child for any purpose. I understand that my child's name will only be used for records pertaining to myself or to the teacher. My child's picture will only be used to demonstrate program quality and will not be used or exploited for any other purpose.
- I permit Stepping Stones to use visual recording for education purpose only which include, child portfolios, classroom visual aids and teacher reflection on classroom practices. I understand that my child's name will only be used for records pertaining to myself or the teacher.
- I do not permit Stepping Stones to make any visual recordings (photo or video) at any time.

Please indicate any exceptions you wish noted below:

Parent Signature _____ Date: _____

Potassium Iodide (KI) Child Medication Authorization Form

It is suggested that you consult with your child's primary care physician before completing this form.

Child's Name _____ Birth Date _____

Address _____

Name of Parent or Guardian _____

Home Telephone(____) _____ Work Phone(____) _____

Child's Primary Care Physician _____ Telephone(____) _____

Please indicate your **authorization or refusal** by checking the appropriate box below:

- Yes**, I want my above named child to be administered KI by my provider when:
- The governor declares a nuclear emergency, AND
 - Individuals in a specified area, that includes this child facility/youth camp, are advised by Emergency Alert System(EAS) to take the Potassium Iodide (KI) tablets, AND
 - I understand that the ingestion of Potassium Iodide (KI) under these circumstances is voluntary
- No**, I do NOT want my above named child to be given KI by my provider in the event of a nuclear emergency.

I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.

Parent/Guardian Signature _____ Date _____