



**EARLY CHILDHOOD PROGRAM
Form 12. HEALTH CONDITION
POSTING & TRAINING PERMISSION**

1. While my child is enrolled in the Wellesley Community Children's Center's Early Childhood Program, I give permission to the WCCC staff to post information about my child's allergies or health condition(s) on their emergency cards, on the program allergy lists and on their classroom refrigerator.
2. I give permission for WCCC's Licensed Health Care Consultant Ramey Harris Tatar to train the WCCC teachers how to administer medications from their Individual Health Plan (or Allergy Action Plan or Seizure Protocol Plan).
3. I give permission for WCCC's Program Director or Assistant Program Director to train the WCCC teachers how to address my child's medical condition, follow their Individual Health Plan and handle any specific medical needs.
4. By signing this form, I give permission for WCCC to administer the medications listed on their Individual Health Plan.

Child's Name: _____

Parent/Guardian Name: _____

****Parent/Guardian Signature: _____ Date: _____**

4/8/2024

Teachers trained by _____ on the following date: _____.

Names of teachers trained: _____