



PATERSON DAY CARE 100 INC.
CHILD DEVELOPMENT CENTER

P.O. BOX 2846

PHONE: (973)278-5200 FAX: (973)278-5055

PHOTOGRAPHS OF UNUSUAL INCIDENT

DATE: _____

TO WHOM IT MAY CONCERN:

I _____ GIVE PERMISSION TO PATERSON
PARENT/GAURDIAN NAME

DAY CARE 100, INC TO PHOTOGRAPH MY CHILD _____ IN

THE EVENT OF ANY UNUSUAL INCIDENT(S), THAT PHYSICALLY INVOLVES MY
CHILD; THE PHOTOGRAPH WILL SERVE AS CONFIRMATION OF THE PROBLEM
AREA.

PARENT/GAURDIAN SIGNATURE

DATE

FAMILY WORKER SIGNATURE

DATE