Launchpad for Learning

9400 Transit Road –East Amherst, New York 14501

688-1772

Waiver for Changing a Diaper/ Pull Up

2 Year Old Program

As a parent of a child at Launchpad for Learning LLC, I understand that my 2 Year Old may come to school in a Diaper /PullUp. In the event my child has had a bowel movement only, I give my permission to the Staff of Launchpad for Learning to change the Diaper/ PullUp.

It is understood that if I do not give permission, that either the Parent or the other listed contact Person will be called to come and change the Diaper/PullUp and that the Staff will not be responsible for the changing.

( ) Yes I confirm that I have given permission for the Staff to change my child’s Diaper/Pullup.

Child s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) No I confirm that I have read and do not wish for my child ‘s Diaper/Pull up to be changed by the Staff and that I or the persons listed as contacts will be called to change the Diaper/Pullup.

Child s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_