

## Bathing Authorization

*(OAR 414-360-0230(1)(f))*

**Child's Name:** \_\_\_\_\_

**Authorization:**

I give permission for Chickadee Ridge Early Learning Center staff to bathe my child if necessary for health, hygiene, or emergency reasons. I understand that bathing will be conducted in a safe, private, and respectful manner.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_