



EARLY LEARNING
CENTER

AUTHORIZATION FOR ADMINISTERING
DAILY TEMPERATURE CHECKS AND HAND SANITIZER

Dear Parent/Guardian,

Your written permission is required to administer temperature checks and apply hand sanitizer to your child's hands. Please complete the following information:

Child's Name: _____

- Temperature checked with infrared no contact thermometer throughout the day as needed.
- Hand sanitizer used in conjunction with hand soap throughout the day to clean hands.

Signature of Parent/Guardian and Date

Diana Aumale's

Signature of Administration and Date