

Miss Donnas Place
2020

Hand Sanitizer Permission Form

I give permission for Miss Donna's Place program to allow my child, named below, to use hand sanitizer periodically throughout the day in addition to soap and warm water to clean his/her hands while at Miss Donna's Place.

Print Child's Name: _____

Parent's Signature: _____

Date signed: _____

Must have separate permission form for EACH child
Emailed forms cannot be accepted at this time.

Please MAIL or DROP-OFF
4 Cushing St, Hingham