

# BACK TO SCHOOL PACKET TODDLERS





HUDSON COUNTRY  
MONTESSORI SCHOOL

# TODDLER SCHOOL SUPPLIES LIST

Please label all your child's personal items and check frequently with your child's teachers regarding proper fitting clothes for your growing child and appropriate clothes for the changing seasons.

- Extra change of clothes (tops, bottoms, and socks)
  - \*No crocs or flip-flops
- Pack of Diapers/Pull-ups
- Pack of Wipes
- Crib size fitted sheet and blanket for full-day students
- Backpack and lunch bag for full-day students



HUDSON COUNTRY  
MONTESSORI SCHOOL

# TODDLER

## AUTHORIZATION TO ADMINISTER PERMISSION SLIP

I \_\_\_\_\_ Parent of \_\_\_\_\_

Authorize the school to administer the following (all over the counter):

### 1. Diaper Cream

Name of product: \_\_\_\_\_

Reason to apply: \_\_\_\_\_

Where to apply: \_\_\_\_\_

Amount to apply: \_\_\_\_\_

Time to apply: \_\_\_\_\_

Side effects/Adverse Reactions: \_\_\_\_\_

\_\_\_\_\_

### 2. Sunscreen

Name of product: \_\_\_\_\_

Reason to apply: \_\_\_\_\_

Where to apply: \_\_\_\_\_

Amount to apply: \_\_\_\_\_

Time to apply: \_\_\_\_\_

Side effects/Adverse Reactions: \_\_\_\_\_

\_\_\_\_\_

### 3. Insect Repellent

Name of product: \_\_\_\_\_

Reason to apply: \_\_\_\_\_

Where to apply: \_\_\_\_\_

Amount to apply: \_\_\_\_\_

Time to apply: \_\_\_\_\_

Side effects/Adverse Reactions: \_\_\_\_\_

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_