



Bathroom Policy Release Form

- I have read the **Thrive Kids Bathroom Policy** and I give my permission for Thrive Staff to assist my child with bathroom procedures if needed.
- I have read the **Thrive Kids Bathroom Policy** and I do **NOT** give my permission for Thrive Staff to assist with bathroom procedures if needed. I wish to be contacted so that I can help my child with any bathroom procedures.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____