

PERMISSION SHEET

Neighborhood Schoolhouse

CHILD'S NAME _____

OFF - SITE PERMISSION

I give permission for my child to attend all walking field trips in the surrounding neighborhood to include Grant Street Elementary playground.

I give permission for my child to attend all school planned field trips and events. I also give permission for my child to ride the Jefferson County Transit on these trips.

Emergencies - disaster plan

I have received information regarding your childcare facility's out-of-area emergency contact. I understand that the Neighborhood Schoolhouse has established policies to respond appropriately to a disaster.

Emergency Medical Care Authorization

In the event of a medical emergency, Neighborhood Schoolhouse will make every effort to reach the person(s) designated as an emergency contact before using the authorization below. To prevent dangerous delay in the event of an extreme emergency, I hereby authorize the Neighborhood Schoolhouse director, staff or appropriate authority, to secure whatever medical treatment is deemed necessary for my child.

Medical

The Neighborhood Schoolhouse has my permission to administer sunscreen (brand) _____ to my child while in care.

Photos

I give my permission for the staff at the Neighborhood Schoolhouse to take pictures of my child for tracking growth and progress, for classroom related activities and to use for the Neighborhood Schoolhouse marketing website and materials.

Parent Signature s

Printed Name

Date