

PARENTAL PERMISSION FORM

PERMISSION FORM FOR: _____

(Child's name – May list more than one child on the same form)

NAME RELEASE

I give my permission to have my child's first name on the class roster to be distributed to parents of children in the class and to staff (i.e. Valentine's list)

Signed: _____

EMERGENCIES

I hereby grant permission to the Apple Academy Learning Center staff to act in a medical emergency situation and for appropriate medical staff to administer emergency medical treatment to my child. I agree to be responsible for any charges, which may occur as a result of any treatments, administered to my child. I give permission to the Apple Academy Learning Center staff to call 911 on my behalf of my child in a medical emergency.

Signed: _____

IMPROMPTU WALKS

I hereby give my permission for my child to go on impromptu walking field trips in the neighborhood. This includes walks around the block, to neighborhood parks, and adjoining neighborhoods.

Signed: _____

PHOTOGRAPHS

I hereby give my permission for my child to be photographed in the program, program functions and field trips and for the photographs to be displayed. I understand that the photographs may be taken by school staff, professional photographers, news media and other parents. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

Signed: _____

PERSONAL PROPERTY

I understand that Apple Academy and its staff are not responsible for theft, loss or damage of personal items brought to the center. (back packs, clothing, toys, etc.)

Signed: _____

