

Consent Form From Parents or Legal Guardian

Child's Name:

Are there any health care treatments including emergency first aid regarding your child that the school needs to be informed of? If yes, please explain.	
Are there any formal religious instructions that the school needs to be informed of? If yes, please explain.	
Would the school have your permission to take photos of your child for publicity reasons? ☐ Yes ☐ No	
Is your child allowed to participate in visits or trips off the school premises such as to area parks or playgrounds? \Box Yes \Box No	
Is your child able to participate in research (i.e. child development research)? \Box Yes \Box No	
Who is the child to be released to everyday?	
Is your child allowed to participate in athletic activities such as swimming or gymnastics? Tes No	
Is your child allowed to use all school facilities? If not, please explain. ☐ Yes ☐ No	

Do you consent to the terms of the school's written policy, as stated in the Parent Handbook under "Hours of Operation", regarding the actions that will be taken if your child is not picked up at the designated time? \square Yes \square No	
Do you consent to the school's policies regarding pests, as stated in the Parent Handbook under "Integrated Pest Management"? Yes No	
Signature of Parent or Legal Guardian	Date