

Parental Permission Form

PERMISSION FORM FOR: _____
(Child's Name - you may list more than one child on this form)

EMERGENCIES:

I hereby grant permission to the Footprints Academy 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 Footprints Academy staff to call 911 on behalf of my child in a medical emergency.

Signed: _____ Date: _____

NAME RELEASE:

I give my permission to have my child's name, phone number and home address on the class roster to be distributed to parents of children in the class and to staff and board members. (i.e.: School Directory, Valentines list, play list with phone numbers, etc.)

Signed: _____ Date: _____

- I grant permission; however, I would like to be notified prior to each release of this information.

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 & 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: _____ Date: _____

IMPROMPTU WALKS:

I hereby give my permission for my child to go on impromptu walking field trips in the neighborhood. Specifically: along the bike paths, in the woods behind the school, to the park, near Interlachen and other nearby neighborhood locations.

Signed: _____ Date: _____