

# 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 Peace of Mind 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 Peace of Mind staff to call 911 on behalf of my child in a medical emergency.

Signed: \_\_\_\_\_

## NAME RELEASE:

I give my permission to have my child's name, home phone number and home address to be printed 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: \_\_\_\_\_

- I grant permission; however, I would like to be notified prior 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, 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: \_\_\_\_\_

- I grant permission; however, I would like to be notified prior to use of any photographs of my child.

## IMPROMPTU WALKS:

I hereby give my permission for my child to go on impromptu walking field trips in the neighborhood.

Signed: \_\_\_\_\_

- I grant permission; however, I would like to be notified prior to my child starting any walks.

## INFANTS ONLY:

We do not allow blankets in the crib with infants, unless you grant permission by signing below. I hereby give my permission for my child to sleep with a blanket. I understand and have been advised by the POM Staff that the recommendation is for children to sleep without blankets to prevent SIDS. I make an informed decision to have my child sleep with a blanket.

Signed: \_\_\_\_\_

