

Wildflowers Playschool

PERMISSION SLIP

My Child, _____ has my permission to attend all of the school field trips planned for this program and my authorization for my child to be transported. In case of emergency, the school can contact:

_____ at this number _____

Parent/guardian signature: _____

Date _____

PERMISSION FOR WATER PLAY:

I, _____ give permission for my child to participate in wading pool activities.

Parent/guardian signature: _____

Date _____

PERMISSION TO PHOTOGRAPH

I, _____ give permission for Wildflowers Playschool to use photographs of my child for Wildflowers Playschool flyers and brochures. They will be used only to promote the school and school functions.

Parent/guardian signature: _____

Date _____

EMERGENCY MEDICAL FORM

In the event that my child becomes seriously ill or injured, and neither parent can be reached, I authorize emergency care (call 911). I also give permission to contact named physician on my behalf.

Physician: _____

Telephone: _____

Parent/guardian signature: _____

Date _____

PERMISSION TO ACCOMPANY

My Child, _____ has permission to leave Wildflowers Playschool with any of the following people:

Parent/guardian signature: _____

Date _____