

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. (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. I understand that these photos may appear in the following places: The Woodbury Bulletin, The Woodbury Magazine, Kare 11 or other local news, the local paper, Peace of Mind social media pages (such as Facebook, Twitter, Instagram etc.) and the school website or for future use in school advertising or brochures. I understand that my child will not be identified by name unless my permission is specifically granted to identify my child by name. I understand that the photographs may be taken by school staff, professional photographers or other parents.

Signed: _____

IMPROMPTU WALKS:

I hereby give my permission for my child to go on impromptu walking field trips in the neighborhood with their class and Peace of Mind Staff.

Signed: _____

FOR INFANTS/TODDLERS AGES 12-20 MONTHS:

We do not allow blankets in the crib with infants until they are 12 months old or older, then only with signed permission from parents. I hereby give my permission for my child who is at least 12 months old, to sleep with a blanket. (Note: we prefer a one-ply, light blanket for use in the crib, even with permission).

POM recommends that all infant parents bring a sleep sack with no "wings" or swaddle features, to use for nap times.

I understand and have been advised by the Peace of Mind Staff that the recommendation is for children to sleep without blankets to prevent SIDS. I hereby make an informed decision to have my child sleep with a blanket (only allowed for children 12 months and older)

Signed: _____

Date: _____

Child's Name: _____

Child's DOB: _____

Child's Name: _____

Child's DOB: _____