

LYNDON PLAY AND LEARN CENTER

Consent form from parents, guardians or other persons designated by the parents, in writing:

- 1) I give permission for first aid to be administered to my child. YES _____ NO _____
- 2) I give my permission to call _____ ambulance for my child.
- 3) I give my permission to call Dr. _____ for my child.
- 4) I give my permission to take my child to _____ hospital.
- 5) I give my permission for my child to give thanks for his/her food. YES _____ NO _____
- 6) I give my permission for my child to be photographed for publicity purposes. YES _____ NO _____
- 7) I give my permission for my child to go on field trips off the premises. YES _____ NO _____
- 8) I give my permission for my child to be involved in research; e.g. accreditation by the National Academy of Early Childhood Programs, or the Child Development Association. YES _____ NO _____
- 9) I give my permission for my child to be released into the care of:
- A. NAME _____
ADDRESS _____
PHONE _____
- B. NAME _____
ADDRESS _____
PHONE _____
- 10) I give my permission for sun screen to be applied to my child. YES _____ NO _____
- 11) I give my permission for my child to use media devices (i.e. computers, tablets), with supervision. YES _____ NO _____

I have read and agree to abide by the Lyndon Play and Learn Center Policies:

NAME

DATE