

PERMISSION TO RELEASE INFORMATION

Date: \_\_\_\_\_

I understand that the time my child, \_\_\_\_\_  
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

FIELD TRIP PERMIT

NAME	(LAST)	(FIRST)	(M.I.)	DATE
<p>I UNDERSTAND THAT DURING THE YEAR MY CHILD MAY TAKE PART IN FIELD TRIPS AND EDUCATIONAL EXCURSIONS, EITHER BY BUS, PRIVATE CAR, OR ON FOOT. I FURTHER UNDERSTAND THAT MY CHILD WILL BE CHAPERONED BY A RESPONSIBLE ADULT AT ALL TIMES WHILE AWAY FROM THE FACILITY.</p> <p>SHOULD ANY ACCIDENT OCCUR WHILE MY CHILD IS AWAY FROM THE FACILITY ON THE AFOREMENTIONED TRIP, I SHALL NOT HOLD THE CHILD'S CARETAKER, MEMBERS OF THE FACILITY AND ITS EMPLOYEES, NOR ANY PARTICIPATING ADULT RESPONSIBLE.</p>				
_____ SIGNATURE OF PARENT/GUARDIAN				_____ DATE
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<p>I DO NOT WISH MY CHILD TO TAKE PART IN THE AFOREMENTIONED FIELD TRIPS OR EDUCATIONAL EXCURSIONS.</p>				
_____ SIGNATURE OF PARENT/GUARDIAN				_____ DATE