

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations, pictures and videos connected with the school program.

XX _____
Signature of Parent or Guardian

Date

MEDICATION AUTHORIZATION

All medication must be signed in. No medication is to be left in the child's cubby, backpack, pocket, etc. Only medication prescribed by a physician can be administered to a child.

All medication must be picked up daily unless you specify on the sign in sheet for medications that the medicine is to be given for specified consecutive dates.

All medications left overnight that are only signed in for the day will be disposed of the following morning. We will attempt to contact you to pick up the medication immediately first.

I have read and understand the procedures for medication to be picked up daily.

XX _____
Signature of parent or guardian

Date