

# Parents Cooperative Preschool Permission Form

Full name of child \_\_\_\_\_

## Walking Field Trip Permission

I hereby give permission for my child to participate with his or her class in walks near the school (to the library, park, around the block, etc.) during the school year. I understand that every effort will be made to protect my child on such trips.

Parent or Guardian Signature Date \_\_\_\_\_

## Publicity/Media Permission

I hereby give permission to Parents Cooperative Preschool to take pictures of my child at the preschool or during preschool-related field trips for publicity or public relation purposes, including newspaper, website and Facebook (Friends of Parents Cooperative Preschool Page) and the *University of Wisconsin-Whitewater Community Learning Department (STEAM Series) use*. (No names will be used, including family names).

Parent or Guardian Signature Date \_\_\_\_\_

## Use of Family Name Permission

I hereby give permission to Parents Cooperative Preschool to use my last name only on the Parents Cooperative Preschool Website for lists such as snack/helper calendar, committees, play dough sign-up. This use is only for the convenience of our families to access this information on the internet. (No children's names will be used)

Parent or Guardian Signature Date \_\_\_\_\_

## Emergency Transportation Permission

I understand that no emergency treatment will be given to my child without parental consent, except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I or another responsible adult designated by me may be reached daily, if the numbers on the "Child Enrollment Form" (CFS62) do not apply for that day. The preschool center will arrange for emergency transportation to the nearest emergency medical facility if necessary. At no time will a staff member drive with my child unless accompanied by another adult. My child will only be transported by an ambulance or other such vehicle when necessary. In case of a medical emergency while my child is attending Parents Cooperative Preschool, I understand the procedure to be followed and hereby authorize the center to follow this procedure in the event of an emergency.

Parent or Guardian Signature Date \_\_\_\_\_

