

PERMISSION FORM

Child Pick Up

I/we authorize ONLY :

1. _____

Name

Address _____ Phone _____

2. _____

Name

Address _____ Phone _____

3. _____

Name

Address _____ Phone _____

Signature of Legal Guardian: _____

Date _____

Walking Field Trips

I, _____ give permission to my child

_____ to participate in all discovery activities,
nutrition activities, and walking field trips that are scheduled during the hours that my child is in
attendance at Good Shepherd Catholic Day Care Center.

Signature of Legal Guardian: _____

Date _____

Photos

I, _____ give permission to my child

_____ to participate in all publicity photos or
video taping sessions that are scheduled during the hours that my child is in attendance at Good
Shepherd Catholic Day Care Center.

Signature of Legal Guardian: _____

Date _____

Nutrition

I, _____ give permission to my child
_____ to participate in all nutrition activities that
are scheduled during the hours that my child is in attendance at Good Shepherd Catholic Day Care Center.

Signature of Legal Guardian: _____

Date _____

Religion

I, _____ give permission to my child
_____ to participate in religion activities during
the hours that my child is in attendance at Good Shepherd Catholic Day Care Center.

Signature of Legal Guardian: _____

Date _____

Sun Screen

I, _____ give permission to my child
_____ to apply sun screen as needed to participate
in all summer activities that are scheduled during the hours that my child is in attendance at Good
Shepherd Catholic Day Care Center.

Signature of Legal Guardian: _____

Date _____

Emergency Medical Care

I, _____ authorize Good Shepherd Day Care Center
to secure Emergency medical care for my child when I/we cannot be immediately reached at the time of
emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Signature of Legal Guardian: _____

Date _____

First Aid

I understand that Good Shepherd Day Care Center staff are trained in the basics of first aid and CPR, and I
authorize them to administer first aid and/or CPR to my child _____
when appropriate.

Signature of Legal Guardian: _____

Date _____