



Parental Consent Form

Child's Name: _____ **Date:** _____

Child Care Facility:

I have received a copy of the Department of Health "Know Your Child Care Center" facility brochure.

Parent Signature: _____

Guidance Policy:

I have received a copy of the Bluffs School Guidance Policy.

Parent Signature: _____

Field Trips/Transportation:

I give permission for my child, _____, to attend all scheduled field trips with the Bluffs School, and I authorize the Bluffs School to transport my child. I will not hold the school or teachers responsible in case of an accident. I feel confident that the maximum attention will be given to all safety precautions. Should the school bus become inoperable on a field trip, I will be notified and given the opportunity to pick up my child from the designated location.

Parent Signature: _____

Parent Handbook:

I have received a copy of the Bluffs School Parent Handbook. I understand and agree to follow all requirements.

Parent Signature: _____

Photographs:

I give permission for my child to be photographed. I understand that these photographs may be used for advertising and/or promotional purposes.

Parent Signature: _____

Topical Creams:

I give permission for the teachers at Bluffs School to apply bug spray and/or sunscreen as necessary if the parent chooses.

Parent Signature: _____

Authorization for Emergency Medical Care:

In the event of a serious illness or accident, and if I cannot be reached, authorization is given to Bluffs School to obtain emergency medical care for my child.

Parent Signature: _____