



Aftercare Parental Consent Form

Child's Name: _____ Date: _____

Photographs: I give permission for my child to be photographed. I understand that these photographs may be used for advertising and/or promotional purposes and/or used on the Bluffs public Facebook Page.

Parent Signature: _____

Topical Creams/Sprays: I give permission for the teachers at Bluffs School to apply bug spray and/or sunscreen as necessary.

Parent Signature: _____

Bluffs Guidance and Discipline Policy I have been given the Guidance and Discipline Policy.

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: _____

PG Movie Permission On Fridays, (or rainy afternoons) our aftercare students will be given opportunities to watch movies in the classroom that have a rating of G or PG (parental Guidance). This will only happen when the school day has ended. Between 3:00 – 5:30pm. I give permission for my child to watch PG rated movies during summer camp

Parent Signature: _____

Parent Handbook, Illness Policy and Health Protocols: I have received a copy of the Bluffs School Parent Handbook which includes the Illness Policy and the additional handout, Safeguards/Protocol procedures set place for the 2020-2021 School Year. I understand and agree to follow all requirements.

Parent Signature: _____