

SPECIAL CONSENT FORM

Chil	d's Name	Parent's N	Jame	
	My Child will b	e picked up by (full name)(To use this fa	orm person must be at least 18 yea	ers old)
	Date(s) & Time			
	They can be read	ched by phone at:		
The	person above car	n be added to my permanent pick up list	as:	
	☐ Pick up any	time		
	☐ Pick up only	y when I provide a phone call or note to my	child's room	
	My Child has permission to participate in before school, lunch, and/or after school activities sponsored and supervised by TDSB staff on Jackman School grounds. The Daycare has my permission to allow my child to attend these planned and/or spontaneous activities on the following dates:			
	My Child will be participating in (event, team, etc.) and has my permission to leave the Daycare early or be absent on the following dates:			
and	all damages whats	lease Jackman Community Daycare from a soever and however caused, because the Day permission I have granted above. I also o	ycare permitted my child to leave t	the Daycare
	Parent's	Signature	Date	
	(By fi	lling this out and sending via email we consider th	is form to be signed electronically)	
You	can reach me at:			
100	cui reacii iiie uu <u>-</u>	Parent's Work Number	Parent's Cell	
Ple		o call your child's daycare room if t		
Day		Emergency card & pouch updated:		