



## School Time Permission Slips

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Contact Phone #: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

I/We herein give permission for my/our child(ren) to receive emergency medical treatment in the event of an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We herein give permission to my/our child(ren) to engage in all school activities, such as physical education classes and field trips, except as noted on the Universal Health Form and/or a doctor's note. I do not hold **School Time** responsible for any accident or illness which might occur while my child(ren) is/are involved with school activities or field trips.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We herein give permission to School Time to apply certain non-prescription ointments, such as diapering cream, to my/our child(ren) if the need to use such products arises. This permission **excludes** the use of sunscreen and prescription ointments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We herein give permission for my/our child(ren) to participate in class photos, to be placed on display within **School Time**, as well as in the school newsletter and for advertisement purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We are responsible for financial arrangements made with **School Time** for child care services. I/We understand that no registration fee may be refunded, nor may tuition, partial or in full, be refunded for sick days, vacation days or holidays. I/We understand that payments are to be made on time, or a late fee will be charged.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_