STEPPING STONES | EARLY CHILDHOOD CENTER

PERMISSION FORM

Name of Child: _____ **DOB:** _____

Medical Release:

- The parent/s understand that the child must be fully immunized with a completed yearly physical examination form to attend Stepping Stones according to the Department of Health mandated immunizations.
- The parent/s of the above-named child, do hereby authorize and consent the directors, teachers and employees of Stepping Stones to contact the persons named on this form, and to authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency medical treatment for the health of my child.
- The parent/s understand that every effort will be made to notify me immediately in case of such an emergency. In the event the parents or other persons named on this form cannot be reached, the parent consents the directors, and/or teachers and employees to take whatever action is deemed necessary in the judgment for the health of my child. The parent agrees to be completely responsible for all medical expenses, payments of debts, or bills incurred with the injury or any illness of my child.

The parent has seen and read the Summer Camp Parent Book and herein agrees to abide and comply by all the policies and procedures contained in the book.
THE UNDERSIGNED HAVE READ AND UNDERSTAND THIS AGREEMENT, and by signing this Agreement, all parties agree to all of the above terms, conditions and policies, including financial responsibilities for child care provided. The Provider is responsible for providing all parties a copy of this signed Agreement.
Legal Guardian/Parent Name: (Print) _____Signature_____

Social Media/Photo Release:

- I give Stepping Stones permission to take photographs of my child throughout the school year in the activities they participate. I give Stepping Stones permission to use these photographs of events, lesson, children at play, trips, etc to be used on the school website, school social media accounts, Brightwheel app, etc.

Legal Guardian/Parent Name: (Print) _____Signature_____

Nature Walk:

- I give Stepping Stones permission to take my child on nature walks and periodic walking trips in the neighborhood. (Walking rings will be used for younger students.)

Legal Guardian/Parent Name: (Print) _____Signature_____

Park Permission

- I give Stepping Stones permission to take my child to the park on Colonial Road and 84th Street if my child attends the 86th Street location and to the park on Shore Road and 95th street if my child attends the Next Step location.

Legal Guardian/Parent Name: (Print) _____Signature_____