

PERMISSION FORM

Summit Early Learning Center, Inc.

Minneapolis, MN 55405

Phone: 612-377-9011

Fax: 612-977-0168

Child's Name: _____

Birth Date: _____

Please initial by each activity and sign at the bottom of this form.

I, _____, grant permission to Summit Early Learning Center for the following:
(Parent/Guardian Name)

_____ My child may go on impromptu walking field trips in the neighborhood (parks/around the pond)

_____ My child may participate in all center activities while at Summit Early Learning Center, including the use of all play equipment and materials, both indoors and out.

_____ I DO or DO NOT (circle one) give permission for my child to be photographed in the program, at program functions, and field trips, and for the photographs to be displayed. I understand that the photographs may be taken center staff, professional photographers, news media, or other parents. I understand that I will be notified if any photos are to be used for publicity purposes and I have the right to refuse permission.

_____ My child may be included in evaluation or research activities approved by the Executive Director.

MEDICAL EMERGENCIES

_____ I authorize Summit Early Learning Center to take the necessary emergency measures to insure the wellbeing of my child while under supervision of the program, and on my behalf in case of an emergency.

_____ **In case of medical emergencies:** I understand that my child will be transported to Hennepin County Medical Center by the local emergency unit for treatment, at my expense, if the local emergency resources (Police, Rescue Squad, etc.) deem necessary.

_____ **In the event of accidental poisoning:** I understand that Summit Early Learning Center will contact the Poison Control Center and follow the instructions given by them.

Parent/Guardian _____

Date _____