

Child's Name	
Pho	tographs
	of my child to be used for publicity purposes.
Signature	Date
(Parent / Guardian	Date
Relationship to child	
9	ncy First Aid
	en at the school are as follows: Splinter
	Nose Bleed
If further care is need	ded, we will notify a parent.
Signature	Date
(Parent / Guardian	1)
Relationship to child	
Fie	ld Trips
	Inkfort Park District to take my / our child on
walking Trips, field trips and to nearby p given f	ark facilities. A five-day notice will always be for field trips.
Signature	Date
(Parent / Guardian	
Palationship to shild	