



Consent/ Release Form

Child's Name _____

Photographs

I / we authorize photographs to be taken of my child to be used for publicity purposes.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____

Emergency First Aid

The only measures taken at the school are as follows:

Bump or Bruise _____ Splinter _____

Cut or Scratch _____ Nose Bleed _____

If further care is needed, we will notify a parent.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____