

PERMISSION STATEMENTS

Permissions statements must be signed annually

CHILD'S NAME _____ DOB _____

MEDICAL EMERGENCY PERMISSION

I _____ give permission to Durango Early Learning Center to provide medical treatment should an emergency arise. Medical treatment may include but is not limited to first aid, CPR, calling an ambulance, etc. I understand a conscientious effort will be made to contact me or my emergency contact if I am unreachable before any action is taken unless it is specifically stated to the contrary in a health care plan. Any expense incurred will be my responsibility.

Signed _____ (parent/legal guardian) Date _____

FIELD TRIPS

I _____ give permission for my child to go on a field trip away from the premises of Durango Early Learning Center, whether on foot or by vehicle. When riding in a vehicle, my child will be placed in their personal child safety seat that I provide in accordance with Colorado State Law. My child has permission to ride with a teacher or other parent who has furnished Durango Early Learning Center with a copy of their current driver's license and insurance. I understand I will be notified in advance of any field trip necessitating transportation with the date, time, and who will be transporting my child.

If the field trip is on foot, I understand the teacher will leave the time they left, the time they will return, their route, and a contact phone number posted.

Signed _____ (parent/legal guardian) Date _____

PHOTO RELEASE

I _____ give permission for my child to be photographed/video taped for the use of school publications, publicity and external media sources. I understand that any photograph taken in a public setting may be used without this release and DELC cannot be held responsible.

Signed _____ (parent/legal guardian) Date _____

SUNSCREEN/LOTION/BALM PERMISSION

I _____ give permission to DELC to apply sunscreen to my child. I understand that I am responsible for providing DELC a bottle of sunscreen to be used by my child, personally, and will replace when it runs out. DELC cannot allow aerosol sunscreen. If I do not want my child to have sunscreen, I agree to provide _____ as appropriate sun protection.

I also agree that DELC can apply hand lotion, lip balm diaper cream to my child as a preventative measure. I will provide the specific product my child is allowed to use. Once the skin is broken, I understand that creams, lotions, lip balm are deemed a treatment, not a preventative action, and that I will need to obtain a permission slip from my health care provider before DELC can apply any of the above.

Signed _____ (parent/legal guardian) Date _____