

Sunflowers Daycare Inc

Orkidz Preschool

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Welcome to Orkidz Preschool! Our goal is to provide the best possible care for your children in a safe and stimulating environment. To better enhance our program, we realize communication is vital. Our Parent Handbook will detail our guidelines and inform parents of the school policies and procedures. Please read carefully and return your response for our records. Also, feel free to provide us with any input, suggestions, or concerns about how we can serve you and your children better.

I understand that participation in activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Orkidz Preschool, and Mahta Marashi, and those associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's /parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Student's Name _____

Birth date _____

Parent/Guardian Name _____

1st Phone # _____

2nd Phone # _____

E-mail _____

I acknowledge that I have carefully read this ACTIVITIES CONSENT FORM and that I understand and agree to its terms.

Parent/Guardian Signature _____

Date _____

Sunflowers Daycare Inc

Orkidz Preschool

Orkidz Preschool Permission to Use my child Photograph

I, _____ parent/guardian
of _____

grant Orkidz Preschool, the right to take photographs of my child and authorize them to use and/or publish the photos in print and/or electronically. I agree that Orkidz Preschool may use such photographs with or without my name and for any purpose, including such purposes as promoting the school services, publicity, illustration, advertising, and Web content either in print or on the internet. I have read and understand the above.

Even though Orkidz Preschool does not share photos with the child's full face on social media, it is needed to get this permission to be able to take the photos and share them with the parents via email, text, HiMama application, school website and/or poste on the school's interior wall.

Signature _____

Printed name _____

Address _____

Date _____

