## **Orckids preschool**

## **Photo Permission Form**

Date:	
to take photographs of me and/or my child and his, and/or publish the photos in print and/or electronic	/her properties. I authorize Orckids Preschool the right /her properties. I authorize Orckids Preschool to use cally. I agree that Orckids Preschool may use such pose, including for example as publicity, illustration,
I have read and understand the above:	
Parent #1 Signature:	- Parent #2 Signature:
Parent #1 Printed Name:	Parent #1 Printed Name:

Tel: (510) 529-4553

## **Orckids preschool**

## **Activity Consent form**

Date:	
I, parent/guardian of my child,understand that participation in some 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 this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release <b>Orckids Preschool and associated</b> 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.	
I have read and understand the above:	
Parent #1 Signature:Parent #2 Signature:	
Parent #1 Printed Name:Parent #1 Printed Name:	

Tel: (510) 529-4553