

**The Early Years Release / Consent Form**

(please initial all that you consent to)

**Medical Release**

**\_\_\_\_\_\_\_\_\_** I hereby give my permission for my child to receive routine first aid and or emergency treatment. This may include but not be limited to first aid, services provided by a paramedic, doctor, or local hospital. I agree to incur all costs of such services.

**Photo Release**

**\_\_\_\_\_\_\_\_\_** I hereby give my permission for my child’s name and or photograph to be used in local newspapers, displays, bulletin boards, or other types of publicity.

**Observation Release**

**\_\_\_\_\_\_\_\_\_** I hereby give my permission for my child to be observed s part of student teaching internships, city, county, state or national programs in which our center and or the child will benefit from.

**Transportation Release:**

**\_\_\_\_\_\_\_\_\_** I hereby give my permission for my children to be transported in a vehicle leased / owned by The Early Years Academy for the purpose of a field trip

**Field Trip Release:**

**\_\_\_\_\_\_\_\_\_** I hereby five my permission for my child to participate in supervised field trips. I understand that a vehicle that is owned / leased by The Early Years Academy will be used. Children will be required to use seat restraints in accordance with state law. Advance notice will be given to parents prior to a field trip and they will also be asked to sign an additional permission slip for any trip that requires transportation in a motor vehicle.

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I have carefully read the above release statements and agree to those in which I have signed my initials to.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrative Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**