

## Permission Form

### **Trips, Excursions and Public Park Facilities**

I/We authorize The Willow Ridge Academy, Inc. staff to take my/our child on walking field trips and to nearby park facilities. I/we understand all such trips are under the supervision of the above named center and that the health and safety precautions are taken with DCFS standards for licensure.

Date \_\_\_\_\_

\_\_\_\_\_

Parent Signature

### **Consent for Pictures**

I/We authorize The Willow Ridge Academy, Inc. staff to take pictures of my child to place in the classroom and center for decoration as well as for use in promotion of the early learning practices and early learning center.

Date \_\_\_\_\_

\_\_\_\_\_

Parent Signature

### **Emergency Medical Care**

This authorizes The Willow Ridge Academy, Inc. staff to secure EMERGENCY medical care for my/our child when I/we can not be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of any statement. \_\_\_\_\_ is the preferred hospital, but the final decision will be left to the emergency personnel at the scene.

Date \_\_\_\_\_

\_\_\_\_\_

Parent Signature

### **Administer Prescription Medication**

I/we authorize The Willow Ridge Academy, Inc. staff to administer prescribed medicine to my/our child as specified in the prescription's directions for administration. I/we understand the administration policy as outlined in the parent handbook. Prescription medicine of any kind must first be administered at home for 24 hours. A complete administration form must also be filled out with the dosage information and the bottle must be in the original container stating the same dosage requirements.

Date \_\_\_\_\_

\_\_\_\_\_

Parent Handbook

