PERMISSION SLIP

I hereby give permission for my child_____
to participate with Knollwood Preschool in all field trips scheduled for his/her class during the school year.

I understand that if my child is under the age of 8, I will be required to supply a car seat for his/her transportation.

My child has been instructed, and has agreed, to obey all rules and directions given by adult advisors and chaperons.

All special medical conditions and allergies are listed below. In case of medical emergency, if I cannot be reached, I authorize the adult advisor(s) or chaperon(s) to obtain medical treatment, and do give permission to the physician(s) selected by them to provide such treatment, including hospitalization.

_____ _____

Date ***Parent or Guardian***

Other information:_____

_____

At Knollwood, we think a picture is worth a thousand words. We take pictures on an ongoing basis in order to document activities, to provide parents with information about the children's day at preschool and to share with the children themselves. Occasionally, these pictures are used in materials developed to promote and publicize the preschool program.

I understand that pictures will be taken during the preschool day at Knollwood. I understand that these photos may be published in promotional materials but will not be sold or otherwise distributed.

I give permission for my child to be included in photographs taken during the preschool program.

_____ _____

Date ***Parent or Guardian***