



Child's Name _____

Please check all items with which you are in agreement. Any non-checked item requires a written explanation below.

I hereby notify Discovery School of San Antonio, Inc. that :

___ my child has my permission to participate in all field trips with their class. I understand that the School will inform me in advance of all planned field trips.

___ if I am unable to drive on a field trip for my child's class, I will designate on the Field Trip Form that my child has my permission to be transported by another designated adult or staff person.

___ I agree to adhere to the School's car seat safety policy (a copy of the policy is available in the Office).

___ in the case of an emergency, and when no other designated adult is available, the staff has my permission to transport and supervise my child to and from home or school.

___ the staff has my permission to apply a sunscreen with UVB and UVA protection (SPF 15 or higher)

___ the staff has my permission to apply insect repellent that may contain DEET

___ *for parents of children in 2 and 2 ½ yr old classes only:* staff have my permission to use OTC diaper rash creams, wipes and lotion.

I agree to the use of my child's picture (without use of their name)

___ in Discovery School publications (i.e. Parent Square or the School newsletter) ___ in School videos
___ on the Discovery School website ___ on the Discovery School Facebook or Instagram page

___ Discovery School has my permission to allow the media to photograph or tape my child during School sponsored special events, and ___ to use my child's first name only

In place of the non-checked items, I request that Discovery School do the following:

Parent / Guardian Name _____
(please print)

Parent / Guardian Signature

Date



Child's Name _____

Permission to Access Files

Please initial by each to indicate your approval and sign at the bottom:

_____ I understand that my child's personal information, medical records and developmental assessments are confidential, and are available to me upon request.

_____ I understand that the staff of Discovery School will have ongoing access to my child's file, records, and assessment information.

_____ I understand that certain regulatory agencies such as the Texas Department of Family and Protective Services (Child Care Licensing) have the inherent right to access my child's file as part of their required inspection.

_____ I grant Discovery School, its teaching staff, and administrators as well as authorized regulatory agencies such as the San Antonio Metropolitan Health District, and NAEYC Accreditation permission to access my child's file, records, and assessments as part of their required inspection.

_____ I hereby grant Discovery School permission to release personal information, medical records, and assessment forms to the following person(s) *(list any authorized therapist, physician, or other individual)*

Note: other schools may request records as part of their enrollment process. This information will be provided upon request and only with written permission from the parent / legal guardian.

Parent / Guardian Name _____
(please print)

Parent / Guardian Signature _____

Date _____