



Child's Name _____

Permissions and Releases

Please initial by each item to indicate your approval. Any non-initialed 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 my child on a field trip, I will inform my child's Teacher and designate on the Field Trip Form that my child has my permission to be transported by another designated adult.

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

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

___ Discovery School staff have my permission to apply sunscreen with UVB and UVA protection (SPF 15 or higher)

___ Discovery School staff have my permission to apply insect repellent that may possibly 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.

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

Parent / Guardian Name _____
(please print)

Parent / Guardian Signature

Date

Revised 1/2026



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, accrediting agencies (NAEYC or Texas Rising Star) permission to access my child's file, records, and assessments as part of their required inspection.

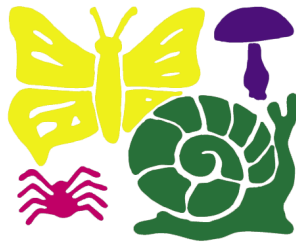
_____ I hereby grant Discovery School permission to release personal information, medical records, and assessment forms to the following person(s) *(list any authorized therapist, physician, or other individual)*

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 _____



Child's Name _____

Photography and Social Media Permission

At Discovery School, we love sharing joyful moments of playing as we learn. With your permission, we may occasionally take photographs or short videos of your child while they participate in classroom activities, special events or everyday play. We promise that images will always be shared respectfully and positively; if names are included, it will be first names only. Images will never be sold or used outside of school-related purposes.

These images may be shared through

- ParentSquare, our schoolwide communication platform
- School or classroom newsletters, the end-of-year slide shows
- School-related materials
- Discovery Schools' social media pages (Facebook, Instagram)

Please initial and sign below

_____ Yes, I agree to the use of my child's picture (without use of their name) to be used as described above

_____ I agree to only the following:

☐ Group photos only

☐ Photos only (no video)

☐ Internal use only (no social media)

_____ No, I do not give permission

In accordance with Texas Child Care Licensing (DFPS) guidelines, this permission is voluntary and will remain in effect while your child is enrolled. You may choose to withdraw consent in writing at any time.

Parent / Guardian Name _____
(please print)

Parent / Guardian Signature _____

Date _____

01/2026