

MEDICAL TREATMENT AUTHORIZATION

I _____, authorize school representatives to obtain medical treatment for my child in case of illness or injury and agree to pay for any expenses incurred for the treatment.

PUBLICITY PHOTO RELEASE

I _____, give permission to Smart Start Pre-Prep, LLC. to use my child's photo for any necessary or appropriate Smart Start related publicity purposes.

FIELD TRIP PERMISSION

I _____ as parent or guardian give my consent for my child to go on field trips with Smart Start Pre-Prep, LLC and to make incidental stops en route and return as may be desirable or necessary. I will be notified in writing 24 hours in advance of the designated site of the field trip including necessary details unless circumstances are such that timing only allows the posting of a notice that day of the field trip.

Childs Name: _____

Parent Signature

Date:

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____ who is personally known to me or has produced the following identification:

(Notary Seal)

Signature of Notary Public