

Parents Consent

Permission for Emergency Medical Treatment:

- In case of an emergency where the parent/guardian cannot be reached, I authorize *AllGreetings DayCare* to obtain medical treatment for my child.

Photo/Video Consent

I, _____, give permission for *AllGreetings DayCare* to take photographs/videos of my child, _____, for the purpose of daycare activities, learning documentation, and sharing with parents.

Outdoor/Field Trip Consent

I, _____, give permission for my child, _____, to participate in supervised outdoor activities and field trips with *AllGreetings DayCare*.

Parent/Guardian Signature:

Date: