

Field Trips

I give my permission for my child to take field trips with the Faithkeeper School Program. I understand that a school representative will notify me prior to each field trip with pertinent information.

Parent Signature/Date

Photo Release

While my child is participating in Faithkeeper School Program events and activities, I give my permission to have photos, video, and audio recordings taken and published of my child

Child's Legal Name

Parent Signature/Date

Sunscreen

I authorize the Faithkeeper School staff to administer sunscreen to my child. Unless other specified, sunscreen provided by the school may be administered.

Parent Signature/Date

First Aid

In the event of an emergency, I authorize Faithkeeper staff to perform minor first aid to _____ as they deem necessary.

Child's Legal Name

Minor first aid includes: cleaning and bandaging supervisicial scrapes, cuts, and scratches, applying Neosporin, applying an ide pack, and applying anti-itch cream for insect bites. Other First Aid treatment I authorize the Faithkeepers Staff to administer:

Parent Signature/Date

Medications

I DO hereby grant permission to the Faithkeeper Staff to administer Tylenol or Motrin as needed for my child. I understand that the Faithkeeper Staff will call me prior to administering medication to my child.

Parent Signature/Date

I DO NOT grant permission for the Faithkeeper School Staff to administer any medication to my child.

Parent Signature/Date

ADMINISTRATION USE ONLY:

Date Received/Signature _____