

Child's Name: _____ **Date:** _____

I give permission for my child to go on field trips conducted by MCHNB.

Signature

I give permission for my child to be photographed for school publicity purposes.

Signature

I give permission for involvement of my child in educational research done at MCHNB.

Signature

I give my permission for my child to be given emergency first aid treatment in case of an accident.

Signature

IN CASE OF EMERGENCY

Parents #1Name: _____

Please provide phone numbers in the order of priority for reaching you in case of an emergency:

1. Phone #: _____ Home Cell Work

2. Phone #: _____ Home Cell Work

3. Phone #: _____ Home Cell Work

Parents #1Name: _____

Please provide phone numbers in the order of priority for reaching you in case of an emergency:

1. Phone #: _____ Home Cell Work

2. Phone #: _____ Home Cell Work

3. Phone #: _____ Home Cell Work

Allergies/Medications: _____

Health conditions: _____

Prohibited food: _____