



General Release Form

Child's Name: _____

Birth Date: _____

Field Trip Permission

I give permission for my child to go on field trips. I release New Horizons Learning Tree Childcare Ministry and individuals from liability in case of accident during activities related to New Horizons Learning Tree Childcare Ministry, as long as normal safety procedures have been taken. I understand my right to be notified of all off-site field trips at least one week in advance.

Parent's/Guardian's Signature _____

Date _____

Parent Release for Media Recording

Please be advised that NHLTCM takes photographs of children at its program as part of the program's daily curriculum, documentation activities, and other business purposes. These photographs will include all children enrolled in the program. NHLTCM retains all rights, title and interest in any photographs or videos taken of children enrolled in the program in the course of its business.

NHLTCM may display, post or transmit the photograph of your child(ren) in the following manner only: (1) displayed in the Program; (2) posted on an authorized NHLTCM Web site or page; (3) published in promotional materials or newsletters; (4) transmitted to you and to the other parents of the child(ren) in the photograph via e-mail or print.

Additionally there may be times the news media will cover events at the Program using still photography and/or video.

I acknowledge the above notice regarding the taking of photographs of my child and the displaying, posting, or transmitting of those photographs.

Parent's/Guardian's Signature _____

Date _____

Prescription and Over The Counter Medication Authorization

I hereby give Learning Tree staff permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container. I understand that I may be asked to supply one or more of the following items and also have the right to supply my own substitutions if I so desire:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Baby Wipes | <input checked="" type="checkbox"/> Band-Aids | <input checked="" type="checkbox"/> Antibiotic Salve/Ointment | <input checked="" type="checkbox"/> Diaper Ointment/Vaseline |
| <input checked="" type="checkbox"/> Baby Powder | <input checked="" type="checkbox"/> Hand or Body Lotion | <input checked="" type="checkbox"/> Sunscreen | <input checked="" type="checkbox"/> Insect Repellent |
| <input checked="" type="checkbox"/> Hydrogen Peroxide or similar disinfectant | | <input checked="" type="checkbox"/> Chapstick: | <input checked="" type="checkbox"/> Other: |

I understand that before any over the counter or prescription drug used to medicate my child is given, a Doctor's note or permission must be given as well as a medication permission form signed by a guardian.

Parent's/Guardian's Signature _____

Date _____