



PEOPLEPLACE
Cooperative Preschool
BOX 644 CAMDEN, MAINE 04843 | (207) 236.4225

2016 - 2017 PERMISSION SLIP

CHILD'S NAME: _____

FIELD TRIP PERMISSION

I GIVE PERMISSION FOR MY CHILD TO GO ON FIELD TRIPS WHICH INVOLVE WALKING TO THE DESTINATION, UNDER THE SUPERVISION OF PEOPLEPLACE STAFF. I UNDERSTAND THAT I WILL ALWAYS HAVE PRIOR NOTICE OF FIELD TRIPS.

PERMISSION GIVEN: _____ PERMISSION REFUSED: _____ (INITIAL)

PHOTOGRAPHY PERMISSION

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED BY PEOPLEPLACE TEACHERS, OR THOSE DESIGNATED BY PEOPLEPLACE, TO BE USED FOR EDUCATION OR MARKETING PURPOSES (I.E. CLASSROOM DISPLAY, NEWSPAPER ARTICLES, AND/OR NEWSLETTERS & FACEBOOK).

PERMISSION GIVEN: _____ PERMISSION REFUSED: _____ (INITIAL)

SUNSCREEN PERMISSION

I GIVE PERMISSION FOR THE PEOPLEPLACE STAFF TO APPLY SUNSCREEN TO MY CHILD.

PERMISSION GIVEN: _____ PERMISSION REFUSED: _____ (INITIAL)

BUG REPELLENT PERMISSION

I GIVE PERMISSION FOR THE PEOPLEPLACE STAFF TO APPLY BUG REPELLENT TO MY CHILD.

PERMISSION GIVEN: _____ PERMISSION REFUSED: _____ (INITIAL)

HEALTH INFORMATION PERMISSION

I GIVE PERMISSION FOR THE PEOPLEPLACE STAFF TO HAVE ACCESS TO MY CHILD'S HEALTH INFORMATION WHICH I PROVIDED FOR HIS/HER FILE.

PERMISSION GIVEN: _____ PERMISSION REFUSED: _____ (INITIAL)

PLEASE SEND MY MONTHLY STATEMENTS TO THE FOLLOWING EMAIL ADDRESS:

I DO **NOT** WANT TO RECEIVE MY MONTHLY STATEMENTS BY EMAIL. PLEASE CONTINUE TO SEND THEM THROUGH THE POST OFFICE.

SPECIAL INSTRUCTIONS:

SIGNED _____ DATE _____