



PEOPLEPLACE  
COOPERATIVE PRESCHOOL

## 2023 - 2024 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 THE FOLLOWING:

- CLASSROOM DISPLAY & IN-HOUSE DOCUMENTATION

PERMISSION GIVEN: \_\_\_\_\_ PERMISSION REFUSED: \_\_\_\_\_ (INITIAL)

- REMINI

PERMISSION GIVEN: \_\_\_\_\_ PERMISSION REFUSED: \_\_\_\_\_ (INITIAL)

- EDUCATION & MARKETING PURPOSES (I.E. SHARING WITH OTHER PROGRAMS AT CONFERENCES, NEWSPAPER ARTICLES, AND/OR NEWSLETTERS)

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(ES):

SPECIAL INSTRUCTIONS:

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_