

## Bee Creative Playschool

### NOTICE of ACTIVITIES and CONSENT – PLEASE READ CAREFULLY

The purpose of this form is to inform you about the collection and use of student information and to gain your consent for the use of this information by Bee Creative Playschool. This consent form only applies to the current school year.

I hereby give consent for the Playschool to use information/photos of my child \_\_\_\_\_ for the following purposes: (Child's Name)

- |     |    |  |
|-----|----|--|
| Yes | No | The use of student's name, photo and comments in the Playschool newsletter (only sent to current members)  |
| Yes | No | The taking or posting of individual or class photos  |
| Yes | No | The use of student names and/or photos for each child's locker identification  |
| Yes | No | The use of student names and/or photos on artwork displayed at the Playschool  |
| Yes | No | The taking of photos and/or videos of classroom or other school activities. (The Playschool may not be able to restrict such activity at public events.) |
| Yes | No | The use of student names and/or photos for birthday recognition purposes   |

**We realize that there may be occasions when you, as parents or guardians, have concerns relating to the safety of your child and any of these uses of information. If this is the case, please submit your specific requests in writing to the teacher.**

Signed: \_\_\_\_\_  
(Parent or Guardian's Signature) (Date)

### Field Trips/ Excursions Permission Form

I, \_\_\_\_\_, hereby give my consent for my child, \_\_\_\_\_  
to leave the Bee Creative classroom premises for authorized field trips and outings under the supervision of the Bee Creative Playschool staff.

All walking distance, beyond 1 km, and traveling field trips outside of Bee Creative Playschool property require separate permission for each outing.

\_\_\_\_\_  
Date Signature of parent/guardian

### Emergency Consent

In case of an accident, I give consent for any emergency medical treatment as may be deemed necessary by the Playschool staff to be given to my child, \_\_\_\_\_.

This includes allowing Bee Creative Playschool employees to administer First Aid, or to call 911 to obtain Medical Rescue, costs to be covered by the parent/ guardian of child.

\_\_\_\_\_  
Date Signature of parent/guardian

\*If your child requires medication for allergies, health issues, etc, please fill out the **Medical Record Form**, to be added to your registration package. This allows Bee Creative employees to administer medication when necessary and for general knowledge. \*