



General Parent Permission

Please answer YES or NO after each statement.

In the event of an incident requiring the administration of **first aid or CPR**, I give Georgetown Hill Permission to have a duty trained employee administer such first aid or CPR. I further give permission to obtain immediate medical attention for my child at the closest hospital or clinic. ____

I give permission for my child (in four-year programs and older) to **ride a bus or van** with advance parent permission (we use our own licensed vehicle or private bus company). ____

I give permission for Georgetown Hill employees to take my child on properly supervised **local walking trips** to nearby places (parks, elementary school playgrounds, walking paths, etc). ____

I give permission for Georgetown Hill to **photograph** and display images of my child engaged in school activities for internal use only (e.g. bulletin boards and in-house teacher training). ____

I give permission for photographs or video of my child engaged in Georgetown Hill activities to be displayed on the Georgetown Hill **website** or **brochure advertisements** (no names or personal information will be displayed). ____

I give permission for Georgetown Hill employees to apply **sunscreen and/or diaper cream** to my child as needed. I understand that I must first supply a bottle of sunscreen and/or diaper cream labeled with my child's name. ____

Georgetown Hill creates an **annual directory** of children and parent contact information to be distributed to staff and parents. If you permit your contact information to be displayed in our directory, initial here: ____.
Please complete the following information that will be included in the directory:

Child's Name: _____ Campus: _____

Address: _____ Child's Birthday: _____

Mother's Name: _____

Father's Name: _____

Email Address: _____

Parent Signature

Date