



General Parent Permission

Please answer **YES or NO** after each statement.

In the event of an incident requiring administration of **first aid** or **CPR**, I give Georgetown Hill permission to have a duty trained employee administer 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 or 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, social media 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** (doctor's note required) 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. _____

I have received and read the **Guide to Regulated Care** brochure required by the Office of Child Care to be included in my child's student records. _____

(http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/parent_guide)

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: _____

Parent Signature

Date

Please complete the following information that will be included in the directory:

Child's Name: _____ Campus: _____

Address: _____
_____ Child's Birthday: _____

Mother's Name: _____ Email: _____

Father's Name: _____ Email: _____

Home Phone Number: _____ Cell Phone: _____

