

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## CONSENT FORM:

I give permission for Just Kids Early Childhood Learning Center to photograph/videotape my child, \_\_\_\_\_. These photographs/videos may be used for the school's display, website, internet usage, promotional materials, in-service trainings, and/or educational presentations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for Just Kids Early Childhood to seek emergency medical treatment for my child, \_\_\_\_\_, which includes calling my M.D. for emergency medicine and/or contacting 911 in the event of an emergency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for Just Kids Early Childhood Learning Center to release and obtain records and information as necessary to and from Just Kids Diagnostic and Treatment Center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that my child's daily educational placement does not include a planned nap. In the event that my child is tired and falls asleep in class, they will be made as comfortable as the classroom allows and continuously supervised by the classroom staff.

The nurse may also be called in to assess the wellness of my child. I understand that, if the nurse determines that my child is not well enough to remain in school, I will be called to pick them up.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that individual student tracking devices are **only** permitted if they **do not** impose on the privacy rights of others. I understand that any and all tracking devices can not have the ability to look and/or listen in. Just Kids Early Childhood Learning Center has been advised to abide by the Federal Guidelines regarding the privacy of others.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_