**PERMISSION TO RELEASE INFORMATION**

I understand that the time my child, Click here to enter text. is in the facility, the director may be asked for information regarding my child.

[ ]  I hereby give permission to release information to official persons only, who identify

themselves, such as schools, health care personnel, welfare or other governmental officials.

[ ] I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child’s record as the licensing agent and may view the record upon BSCC facility inspection.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter text.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***TRANSPORTATION/FIELD TRIP FORM**

[ ]  I understand that my child may take part in field trips and educational excursions,

either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child’s caretaker, members of the facility and its employees, nor any participating adult liable.

[ ]  I do not wish my child to take part in the aforementioned field trips or educational

excursions.

**Shenker Academy** (provider) may transport my child, Click here to enter text.

In the event of an emergency evacuation or disaster preparedness drill of the facility.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter text.