

THE KIDS PLACE
GENERAL PERMISSION FORM

Please list names and addresses of people allowed to pick up your child other than Parent or Guardian. Driver's license will be checked to match name below:

Name:

Address:

Please state permission below for The Kids Place to secure medical attention from your child's physician, or qualified doctor, or hospital.

Father:

Mother:

PERMISSION FORM

I give The Kids Place permission to transport my child/children _____ to and from any field trips and/ or pick up my child after school on The Kids Place Bus.

Father:

Mother:

*Your child's records are confidential and may not be disclosed to unauthorized persons, without written consent from the child's parent. Please sign below if you give The Kids Place permission for your child's pictures to be displayed at the center & on The Kids Place web site. _____