LITTLE SCOUTS
learning through play

RELEASE FORM

Child's Name:_____

Child's DOB: _____

EMERGENCY MEDICAL PERMISSION

I give permission for my child to receive emergency medical treatment. This may include but is not limited to first aid, care by a paramedic, physician, or local hospital.

Name of Family Insurance Company_____

Policy Number_____

I understand that I will be responsible for any costs that incur.

Signature _____

VISITOR RELEASE

I am aware that on occasion there will be visitors in the classrooms. These visitors may include: Guest speakers, Potential new families, Students from local High Schools or colleges, Volunteer workers, and Family members of Little Scouts Students.

Initial _____

PHOTOGRAPHIC RELEASE

Throughout the year, photographs and videos of the children are taken during activities and events. These photographs and recordings are used for in-program use (bulletin boards, newsletters, in-class projects, etc.) and, with permission, on our program's Facebook page and website. At no time will names or other identifying information be released or tagged.

REGARDING IN-HOUSE (PLEASE INITIAL)

I give my permission for images and videos to be used by the program for in-house activities (bulletin boards, newsletters, in-class projects, etc.)

Initial_____ opt out_____

REGARDING ONLINE USE

I give my permission for images and videos to be used by the program on their Facebook page, District 115 Instagram page, and/or the website.

Initial_____ opt out_____

I understand that I have the right to request the removal of photos from social media or the website at any time. Initial_____