



For Office Use Only
Date of Enrollment: _____
Official Start Date: _____
Classroom: _____

Permission Agreement

Childs Name: _____ Date: _____

I hereby give permission for Discovery Place Early Learning Center staff to provide simple First- Aid treatment to my child, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize licensed practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Discovery Place Personnel as soon as possible regarding any emergency involving my child.

Please Check the Following:

- I understand that any medical or health related expenses will be the responsibility of my own and not Discovery Place.
- I hereby give permission to allow Discovery Staff to apply Diapering Wipes and Ointments to my child.
- I hereby give permission to allow Discovery Staff to apply Sunscreen and Bug Spray when needed.
- I hereby give permission to photograph and maintain photos of my child within the Discovery Place Early Learning Center.
- I hereby give permission to photograph my child and use such photos on social media outlets including but not limited to the Discovery Place Website and Facebook.
- I hereby give permission to Discovery Place management, MN State Licensors, and local health consultants to view my child's records.
- I hereby give permission for my child to use all the play equipment and participate in all activities at Discovery Place Early Learning Center.
- I hereby give permission for my child to leave the building under supervision with appropriate staff members for walks, outdoor activities, and for field trips in an authorized vehicle.
- I understand the Discovery Place Early Learning Center is not responsible for my child who has not been signed in, nor is responsible after my child has been signed out. For School age children, Discovery Place Early Learning Center will be responsible for my child once they enter the building after getting dropped off from the bussing transportation.
- I have read the Discovery Place Parent Handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures. I understand that it is my responsibility to address any questions I may have with the Director of Discovery Place Early Learning Center.

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____