

2010/2011 PERMISSION FORM

My child _____ has my permission to go on all field trips planned and led by The Advent School. (Students are transported to and from field trips either by public or private transportation, or by walking.)

(Parent/Legal Guardian Signature) _____ (Date) _____

My child _____ has my permission to use the climbing wall on The Advent School playground during recess. The wall is a traverse climbing wall that measures, at its highest point, eight/ten feet and is approximately forty-five feet long. Children climb horizontally across the wall and their feet are not allowed to be higher than three and a half feet off the ground. Children are supervised by an adult at all times.

(Parent/Legal Guardian Signature) _____ (Date) _____

I understand that the school may treat minor bumps and bruises. I also understand that, if there is insufficient time to reach a parent or physician, any child with an injury that appears to be major may be taken at once by ambulance to the Massachusetts General Hospital's Pediatric Emergency Room, or whichever hospital emergency personnel deem appropriate. I give the school permission to act on my behalf in case of an emergency when I cannot be reached.

(Parent/Legal Guardian Signature) _____ (Date) _____

Release and Authorization to Use Still Photograph and Videotape

I, _____, hereby consent to the taking and use of still photographs and video film of (myself) (my child) (please circle) by The Advent School in connection with the production of all Advent School publications. I further consent to the release of (my) (my child's) name, photograph, videotape, or depiction and other information given by (me) (my child) to The Advent School for use in connection with any local, state, or national media releases designed to promote and publicize The Advent School.

Student _____

Grade _____

(Parent/Legal Guardian Signature)

(Date)

SEE OVER

**AUTHORIZED STUDENT PICKUP
2010/2011**

If a babysitter, nanny, friend, or family member other than a parent will regularly pick your child up from school, please list their names and contact numbers below. **If a parent or guardian will usually be at the school at dismissal, there's no need to complete this form; in the event of a special pickup, please send a note to the school office with the details and the date.**

Student Name _____ **Grade** _____

List persons authorized to pick up student and their cell phone numbers:

Names:

Cell Phone Numbers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature _____ **Date** _____