

Beaufort Children's Centre

Parent/Guardian Release Form

1. I, _____ (parent/guardian) of _____ (child's name), give permission for the staff and/or community agencies associated with Beaufort Children's Centre to share information with each other for the benefit of my child and family.
2. I give permission for my child to leave the child care centre for walks and short field trips. An appropriate number of fully qualified staff will always be present on such outings.
3. I give permission for my child to be included in photos and/or videos taken by staff at the centre. I understand that such photos may be posted on the centre's website and Facebook page. They may also be used for publicity for Beaufort Children's Centre. No names will be published either online or outside the centre.
4. I understand that students from North Island College and School District #71 (Comox Valley) will participate in programs at Beaufort Children's Centre.
5. I authorize staff at Beaufort Children's Centre to obtain Emergency Health Services (physicians and/or ambulance) in the event of an emergency.
6. I give permission for staff to apply sunscreen to my child's skin as appropriate.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Witness Signature

Please cross out any parts (1-6) which you do not wish to have included on this form and add notes as needed (on reverse).