

# Legacy Learning Academy

## Participant Authorization/Permission Form

Child's Name: \_\_\_\_\_

### Photo/Video Release Authorization

I give my permission for my child's photograph/video to be taken during any school event or activity to be used for the purpose of internal publicity, the Commonwealth of Virginia and /or throughout the United States. These photographs, videos and sound bytes may be used for program brochures, media productions, advertisement, photo albums, or news articles.

Please initial: \_\_\_\_\_

### Field Trip Permission and Transportation Authorization

I give my permission for my child to participate in field trip activities (walking, and /or bus). I understand that activity calendars will notify me of trips that are scheduled and that it is my responsibility to obtain a calendar and make sure my child reaches the school by the stated time of departure. I am aware that I will be informed of upcoming fieldtrips and be given the opportunity to accompany the group. I understand that my child will be transported on Legacy Learning Academy vehicles for scheduled field trip activities.

Please initial: \_\_\_\_\_

### Sunscreen/Insect Repellent Permission

I am aware that the school staff will monitor the application of sunscreen and insect repellent by participants in the School Program. I am aware that I must provide the product and that I must complete a Written Medial Consent Form for topical creams. I give permission for Legacy Learning Academy representatives to apply the sunscreen or insect repellent that I provide for my child.

Please initial: \_\_\_\_\_

### Movie Viewing Consent

I give permission for my child to view movies according to their age G & PG for ages 12 and under.

Please initial: \_\_\_\_\_

### Assessments Permission

I am aware that my child will be assessed throughout the school year by staff and school representatives. Assessments may include work samples, developmental checklist, on-going observation and other activities.

Please initial: \_\_\_\_\_

### Emergency Medical Care Permission

I give my permission for the program staff to take necessary steps to obtain medical and dental emergency care if warranted. These steps may include but are not limited to the following:

- (1) Attempt to contact the parent(s).
- (2) Attempt to contact the physician.
- (3) Attempt to contact the parent/guardian through the persons listed on the emergency information form.
- (4) **If contact cannot be made with the parent or the child's physician, the school will do any or all the following: a. call another physician; b. call an ambulance; c. have your child taken to the emergency facility by Legacy Learning Academy staff or by emergency services.**

Please initial: \_\_\_\_\_

### Planning for Your Child and the Group

I give permission for my child's name to be noted on lesson plans and other schoolwork.

Please initial: \_\_\_\_\_

### Post Child's Information

I give permission for staff to post my child's information in areas only access by the staff, pertaining to physical condition, diet restrictions and allergy.

Please initial: \_\_\_\_\_

### Name and Contact Information Release Form

I give permission to have my contact numbers and e-mail address on the family roster, to be distributed to parents of the children participating in this program.

Please do not include the following information on the family roster.

\_\_\_\_\_ Phone number

\_\_\_\_\_ E-mail address

Please initial: \_\_\_\_\_

**I have read and understand the above statements.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date