

Release, Permission, Screening, & Activity Authorization Form

I hereby give permission for my child, _____ to leave Ms. Bev's Place with the following persons listed below. It is my responsibility to notify the center **in writing** of any changes.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If there is a separation or divorce custody problem of which we should be aware, please explain:

Name of person(s) who **MAY NOT** pick up your child:

Please check all that apply:

- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Ms. Bev's Place.
- I hereby grant permission for my child to be photographed or videotaped while involved in activities connected with Ms. Bev's Place. I understand no commercial use will be made of these photographs or videotapes without further consent on the next line.
- I hereby grant permission for my child's picture or video containing my child to appear on the Ms. Bev's Place website and Facebook page.
- I hereby grant permission for my child to participate in vision or hearing screening provided by Ms. Bev's Place

Parent Signature

Parent Name (Printed)

Date