**Maine Mountain Children’s House**

**2019-2020 Permission Slip**

**1. Field Trip**I give permission for my child to participate in school-sponsored field trips during the 2019-2020 school year. I understand that notification will be sent home prior to all planned field trips and that I may withdraw my permission for a planned trip if I so desire. I further understand that for most field trips my child will be transported by Parent Volunteer Drivers in their privately owned vehicles. All parent drivers must present a copy of a valid driver’s license and up-to-date auto insurance.

**2. Sunscreen Permission**

* I give permission for the staff of Maine Mountain Children’s House to apply sunscreen to my child when he/she is engaged in outdoor activities.
* I DO NOT give permission for the staff of Maine Mountain Children’s House to apply sunscreen to my child when he/she is engaged in outdoor activities.

**3. Photo/Video Release**During the school year, photos of the children will be taken for education and publicity purposes, including but not limited to social networking, blogs, and marketing. I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such material.

* I give permission for photos/videos of my child to be used by MMCH
* I DO NOT give permission for photos/videos of my child to be used by MMCH

Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Alternate Drivers**The following person(s) with a valid driver’s license have permission to pick up my child from school:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date

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Director Signature Date