

Child's Name: _____

Walk Permission

Weather permitting, children may go on walks supervised by staff in the surrounding building area and grounds. I give permission for my child to participate in walks.

Child Illness

If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible. A child must remain out of the school until he/she is symptom & fever free for 24 hours.

Child Injury

If my child sustains a minor injury, I will receive an Accident Report when I pick up describing the incident. I will be contacted immediately if the injury requires additional attention.

Photography and Video Permission

WDM regularly takes photographs and videos of children enrolled for marketing purposes. They may be shared with you and other families by email, by posting in our classrooms, or in a parent newsletter. They may be used to better communicate with families, to illustrate the daily curriculum, or to document school activities. They may be used on the Geist Christian Church/Weekday Ministries website and online. WDM takes care that any use or display of photographs or videos of children is accomplished in a thoughtful and safe manner.

Child's Health / Special Needs (allergies, etc)

Family Handbook Acknowledgement

By signing below, I acknowledge and agree that: 1) in addition to this Authorized Consent, I received the Weekday Ministries Family Handbook, as well as any school specific information and relevant registered ministry policies; 2) it is my responsibility to read and familiarize myself with all these materials and address any questions with site directors; and 3) I will abide by these materials.

I have read, understand, and accept the information on this form.

PARENT/GUARDIAN SIGNATURE

DATE

Child Release and Emergency Contacts

For your child's safety, WDM will release a child only to parent(s)/legal guardian(s) or to the third parties I authorized below. Third party pick-up is subject to the following rules:

- ° In the event of an emergency or illness, emergency contacts will be contacted if parents/guardians cannot be reached.
- ° If the person picking up is listed below, but does not pick up the child regularly, I will notify WDM **verbally, in advance**. Verbal authorization is not permitted for any person not listed on this form.
- ° If the person picking up is **NOT** listed below, I must notify WDM **in writing, in advance**.
- ° Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

NAME S (other than parent/guardian)

ADDRESS

CITY/TOWN/STATE/ZIP

RELATIONSHIP TO CHILD

DAYTIME PHONE CELL PHONE

E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY? YES NO

**THE ABOVE PEOPLE (WHO ARE NOT PARENTS/
GUARDIANS) ARE AUTHORIZED TO PICK UP MY CHILD.**



**Weekday
Ministries**