

# BROOKLAKE

## CHILDCARE & LEARNING

### PERMISSION AUTHORIZATION

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- I GIVE PERMISSION TO BROOKLAKE CHILDCARE & LEARNING FOR MY CHILD TO BE PHOTOGRAPHED OR VIDEOTAPED FOR ACTIVITIES AND EVENTS AT BROOKLAKE CHILDCARE & LEARNING. YES\_\_\_\_\_ NO\_\_\_\_\_
- I GIVE PERMISSION FOR PICTURES OR VIDEOS TO BE USED WITHIN THE CENTER YES\_\_\_\_\_ NO\_\_\_\_\_
- I GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE SHARED ON THEIR PRIVATE CLASSROOM FACEBOOK PAGE. YES\_\_\_\_\_ NO\_\_\_\_\_
- I GIVE PERMISSION FOR MY CHILD'S PHOTOS TO BE USED ON THE BROOKLAKE CHILDCARE & LEARNING WEBSITE YES\_\_\_\_\_ NO\_\_\_\_\_
- I GIVE PERMISSION FOR BROOKLAKE CHILDCARE & LEARNING TO TAKE MY CHILD ON WALKS AROUND BROOKLAKE CHURCH PROPERTY. YES\_\_\_\_\_ NO\_\_\_\_\_
- I GIVE PERMISSION FOR BROOKLAKE CHILDCARE & LEARNING TO GIVE MY TELEPHONE NUMBER AND ADDRESS TO OTHER PARENTS. YES\_\_\_\_\_ NO\_\_\_\_\_
- I GIVE PERMISSION FOR BROOKLAKE CHILDCARE & LEARNING TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD, SHOULD THE NEED ARISE. YES\_\_\_\_\_ NO\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*AT THIS TIME WE WILL NOT BE SCHEDULING ANY OFF SITE FIELD TRIPS OR PROVIDE BEFORE OR AFTER CARE FOR ANY SCHOOL OTHER THAN BROOKLAKE CHRISTIAN SCHOOL (PRESCHOOL CLASSES ONLY)

\*\*THIS PERMISSION IS GRANTED ON CONDITION THAT THE PROVIDER COMPLIES WITH THE PROVISION OF WAC 170-296-1250, WHAT ARE THE REQUIREMENTS I MUST FOLLOW WHEN I TRANSPORT CHILDREN.