

GOOD SHEPHERD CHILDREN'S CENTER
3139 COUNTY RD. - ROUTE 516
OLD BRIDGE, NEW JERSEY 08857
732-679-8887 (P)

SCHOOL PERMISSION FORMS

Child's Name: _____

Birth Date: _____

School Equipment

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

Parent's Signature _____ Date _____

Emergency Care

I hereby grant permission for the Director or Head Teacher to take whatever steps that may be necessary to obtain emergency medical care if warranted. The following steps may be taken:

1. Attempt to contact the student's parent or guardian
2. Attempt to contact parent through any of the persons listed on the emergency forms
3. If we cannot contact the student's parent or guardian, we will do the following:
 - a. Call the Old Bridge Township First Aid Squad
 - b. Have the Child taken to the Old Bridge Regional Hospital in the company of a staff member
 - c. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent's Signature _____ Date _____

Tylenol/Motrin Release Form

I authorize Good Shepherd Children's Center to administer Tylenol/Motrin to my child when necessary.

GSCC will administer the appropriate dosage according to your child's age and weight at the time of illness. We will weigh each child at the time of illness to get their exact weight.

I understand that the school will also call me if it should be necessary to administer Tylenol/Motrin to my child prior to giving the medicine to gain a verbal confirmation at the time of illness.

Parent's Signature _____ Date _____

Telephone Release Form

Occasionally, the staff at Good Shepherd Children's Center may be asked for your phone number so that you can be contacted. This may occur if a parent would like to set up a play date, or if the Church needs to contact you.

_____ I give GSCC permission to release my phone number to anyone related to the school.

_____ I choose not to have my phone number released to anyone related to the school.

Parent's Signature _____ Date _____

Chapel

Good Shepherd Children's Center will regularly have programs in the church sanctuary (chapel). We offer Bible Stories, Puppet Plays, and will rehearse for programs in the school year and graduations.

_____ I give GSCC permission have my child go into the church sanctuary with their classmates.

_____ I choose not to have my child attend programs and rehearsals in the church sanctuary.

Parent's Signature _____ Date _____

Walking Permission Slip

On occasion the children may take a walk outside the fenced area for nature walks or just for exercise. These walking trips are not always planned. By signing this permission slip you are giving Good Shepherd Children's Center permission to take your child on a walk with his/her classroom. The walks will never be off our property, and the students will be supervised and walk in a line. We will notify the Director as to when we leave and when we will return.

If you choose not have your child participate in this activity, please indicate your wish below. We will place your child in another classroom until the others return.

_____ I give my child _____ permission to participate in
walking field trips. (name)

_____ I choose not to have my child _____ participate in
walking field trips (name)

Parent's Signature _____ Date _____

Photo Release Form for Minors

The Good Shepherd Children's Center has my permission to use my child's photograph publically to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____ I give GSCC permission to use my child's photograph publically to promote the school

_____ I choose to NOT give GSCC permission to use my child's photograph publically to promote the school

Parent's Signature _____ Date _____