



LITTLE ACORN PERMISSION FORM

Child's name:			LAST	FIRST	MI	DOB
I have read and reviewed my information on file at Little Acorn and verified its accuracy.						
Guardian's signature						Date
I hereby give permission for my child to go on walking field trips within 1/4 mile of Little Acorn. I understand that I will be notified via my child's classroom Parent Reminder Board when and where my child is going.						
Guardian's signature						Date
I authorize Little Acorn Inc. to use my child's photo for the following purposes: Little Acorn Website: Y N Classroom videos for education & promotion Y N Mercer Island Reporter Y N						
I authorize Little Acorn Inc. to identify my child by the following: Name: Y N Age: Y N Initials: Y N						
Guardian's signature						Date
I want my child to wear sunscreen and I will apply it prior to school and supply it for afternoon re-application Y N I authorize my child to participate in water play during warm weather Y N						
Guardian's signature						Date
I hereby give permission for my child to receive emergency medical care by a qualified staff member of Little Acorn. I also give my permission for my child to be transported by ambulance or aid car to an emergency treatment for care. In the event that I cannot be reached, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. Your child will be taken to Overlake or specified hospital when choice is possible.						
Preferred Hospital		Child's name		Guardian's signature		Date
Does your child have any medical conditions we should be aware of? Y N What?						
Does your child have any allergies we should be aware of? Y N What?						
Date of child's last physical examination:						