

Date: _____

Authorization and Parent Agreement

Child's Name

I hereby authorize Mayflower Early Childhood Center to:

Check all for which you wish to give permission.

- I understand that MECC will take all reasonable effort to provide for the safety and well-being of my child. However, in the event my child receives injuries during any school-sponsored activity, through no fault on the part of MECC, its agents, or employees, I agree to release and indemnify MECC, its agents, and employees from liability.
- Photograph my child for school use, such as the school brochures, news releases, MECC website, and MECC Facebook and Shutterfly pages without compensation. I understand that the photos will not be used for research nor sold by the school to any outside entity.
- Allow the nurse consultant assigned to conduct MECC's annual Health Consultation (per Department of Human Services regulations) to look at my child's health records.
- Administer prescription medication upon receiving the parent's written instructions.
- Take my child on supervised walking field trips or outing associated with school curriculum. This may include a walk to Minnehaha Creek, the local post office, fire station or hardware store. In all cases, these field trips will be completed by the normal school closing time.
- Include the following information in the MECC school directory: Name, address, phone number and email address.

I have enrolled my child in the Mayflower Early Childhood Center program for the 2018-2019 school year. I agree to give 30-days notice, and the regular tuition payment, if, for any reason, I remove my child from school.

Parent/Guardian Name

Date

Parent/Guardian Name

Date