

**PERMISSION TO RELEASE INFORMATION**

I understand that the time my child, \_\_\_\_\_ is in the facility, the Director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other government officials.

I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

\_\_\_\_\_  
Signature of enrolling Parent/Guardian

\_\_\_\_\_  
Date

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**TRANSPORTATION FORM/FIELD TRIP PERMIT**

I understand my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

I do not wish my child to take part in the aforementioned field trips or educational excursions.

(Provider's name) LITTLE LAMBS OF GOD LUTHERAN PRESCHOOL may transport my child, \_\_\_\_\_ in the event of an emergency evacuation or disaster preparedness drill of the facility.

\_\_\_\_\_  
Signature of enrolling Parent/Guardian

\_\_\_\_\_  
Date