

OFFSITE AUTHORIZATION FORM

I agree to appoint the teacher and/or parents on duty at the North Gower Co-operative Nursery School (NGCNS) program in which my child is participating as my agent to engage medical attention or hospitalization if such is deemed advisable.

I hereby release and forever discharge NGCNS and its employees or agents from any claims, actions or causes of actions whatsoever that may arise from participation in a field trip or walking trip to the Orville Sadler Park adjacent to NGCNS.

I hereby release the NGCNS or its employees or agents from any claims for damages or actions, suits, claims or demands of the child.

Parent(s) Signature: _____

Date: _____

Date: _____

PHOTOGRAPH CONSENT FORM

I hereby give permission for _____ to have their photograph taken and used by the North Gower Co-operative Nursery School (NGCNS) for school activities (dance and cubbies) and/or publicity.

- The photos taken may be used:
 - with no name printed
 - with only first name printed
 - with first and last name printed
 - on Facebook with no name printed

I do not give permission for my child to be photographed.

Comments:

Parent(s) Signature: _____

Date: _____

Date: _____