

**Perry County Public Preschool Program**  
**Please READ and then SIGN each form**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**Field Trip Permission Form**

Visits to places of educational interest are planned during each school year. Teachers and assistants always accompany the students and, if transportation is needed, school buses will be provided. Field trips are always announced in advance.

The teacher in charge will provide supervision and care which will help to insure safety for each child. Parents are encouraged to come along.

\_\_\_\_\_ Yes, my child may go on planned field trips.

\_\_\_\_\_ No, I do not want my child to go on planned field trips. I will keep my child home those days.

\_\_\_\_\_  
Parent /Guardian Signature

**Release of Information**

My child's records may be shared with other involved agencies as part of a team effort to support my child's education. Those agencies could include, but are not limited to: Head Start, Health Department, Family Service Organizations, Local School District, etc.

\_\_\_\_\_ Yes, I give my permission to share my child's records with other involved agencies.

\_\_\_\_\_ No, I do not give my permission to share my child's records with other involved agencies.

\_\_\_\_\_  
Parent/Guardian Signature

**Please Complete Other Side**

**Roster Permission**

According to Revised Code 3301.52 and 3301.56, we must prepare a roster (child’s name, parent’s name, and phone number) of each group of children and make this available to parents upon request. We will insure that this roster will not be furnished to anyone other than a parent. Please check “yes” or “no” and sign below.

\_\_\_\_\_ Yes, I would like my child’s information on the class roster.

\_\_\_\_\_ No, I do not want any information pertaining to my child on the class roster.

\_\_\_\_\_  
Parent/Guardian Signature

**Photograph/Video Permission**

Throughout our school year, individuals (teachers, parents, newspaper reporters, etc.) may be taping or taking pictures of the activities at our different locations. The pictures may be used for advertising, public awareness, and/or saving special memories. Please check “yes” or “no” and sign below.

\_\_\_\_\_ Yes, my child may be photographed or videotaped.

\_\_\_\_\_ No, my child may not be photographed or videotaped.

\_\_\_\_\_  
Parent/Guardian Signature

**Transportation Permission**

I, the undersigned, request and authorize bus transportation for: \_\_\_\_\_.  
I assure that an adult will be available to help the child board the bus at pick-up time and get off the bus at drop-off time.

Details for pick-up and drop-off, if different from home address:

Please list the people your child can be released to:

Name _____	Phone _____	DL# _____
Name _____	Phone _____	DL# _____
Name _____	Phone _____	DL# _____
Name _____	Phone _____	DL# _____

Is there anyone your child cannot be released to: \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature