

RELEASE AUTHORIZATIONS
For
ALL ABOARD DAYCARE LLC.

TRAVEL RELEASE

I/We ___do ___do no give consent for _____ to participate in field
(child's name)
trips with the above named program staff. I/We do reserve the right to be notified before
each field trip that involves travel out of town. I release the program from any liability
unless negligence is proven.

Restrictions:

Signature of Parent or Guardian _____ Date _____

PHOTOGRAPHY AND VIDEO RELEASE

I/We ___do ___do not give consent that the above named program may take
photographs or videos of _____, and I/we ___do ___do not give
(name of child)
consent for the above program to use photographs or videos of our child in promoting the
purpose of the program. We understand that no financial benefits from the use of
photographs or videos are obligated to be paid to us.

Signature of Parent or Guardian _____ Date _____

RECORDS RELEASE AUTHORIZATION

I/We hereby authorize and request _____ to release to the
(Physician /Clinic)
above named program a copy of the most recent physical examination form and
immunization card of _____ present in their health file.
(Name of child)

Signature of Parent or Guardian _____ Date _____