



**Permission Forms  
(Signatures Required)**

Child's Name: \_\_\_\_\_

**FIELD TRIP PERMISSION**

I hereby grant permission for my child to leave the premises of Children's Garden under the direct supervision of CGL's staff for scheduled field trips. Mode of travel will be by foot or upon the Town of Vail bus. A written procedure and a permission form are developed for each excursion and a copy will be left at CGL. Children's emergency contacts and medical releases are carried along as well as a first aid kit and a cell phone for immediate assistance.

I hereby grant permission for the Director or acting Director to take whatever means may be necessary to obtain emergency medical care if warranted. This will include:

1. Attempt to contact the parent or persons listed on emergency contact sheet.
2. Call 911 for the quickest medical assistance.

---

<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Name (Please Print)</i>	<i>Date</i>
----------------------------------	--	-------------

**PHOTOGRAPHIC RELEASE**

I give Children's Garden of Learning my permission to photograph, record, and video tape my child, while he/she is attending Children's Garden of Learning. I also permit and consent to authorize publication of such materials of my child individually or as part of a group, with or without textual material, in any CGL related promotions including but not limited to newspaper, web site, Facebook, and brand marketing items.

---

<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Name (Please Print)</i>	<i>Date</i>
----------------------------------	--	-------------

**SUNSCREEN RELEASE**

I authorize the staff of CGL to apply SPF 30 or greater sunscreen to my child as needed throughout the day. I also understand that it is my responsibility to apply sunscreen each day prior to arrival at Children's Garden of Learning.

---

<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Name (Please Print)</i>	<i>Date</i>
----------------------------------	--	-------------