

**SHERBORN Extended Day
2024-2025 Parental Permission**

Child's Name: _____

Please Initial next to each permission and sign the bottom of this form. Required permissions are marked with an asterisk (*).

_____ *Activity Permission: I, hereby, give permission for my child to take part in all Extended Day activities (with consideration for any restrictions or concerns noted here):

_____ *Waiver to Provide Medical Treatment: In the event of a medical situation determined to be an emergency by the staff, I/we grant permission for a trained staff person to provide first aid and/or CPR, to call an EMT (Emergency Medical Technician), or a doctor; and/or to transport my child by ambulance to the nearest emergency treatment facility. I/we understand that every effort will be made to contact me just as soon as the situation allows.

_____ *Medical Records: I, hereby, give permission for the staff to access my child's full medical records, including immunizations and medication release forms, which are on file with the Sherborn Public Schools; and I attest that I have attached a copy of my child's full medical records to this form.

_____ *Permission to Communicate with School Personnel: I understand that it is in the best interest of my child for there to be consistency and continuity between the classroom and Extended Day. In the interest of maintaining open lines of communication, I hereby give permission for the Extended Day staff to communicate with my child's classroom teacher and other school personnel.

_____ *Emergency Pick-up Permission: I, hereby, give permission for the people that I have indicated on the transportation section of this Student Information Packet have my permission to pick up my child, if it is necessary and I cannot be reached.

_____ Transportation: I, hereby, give permission for the senior Extended Day staff person present to transport my child in his/her car in the event that my child takes the school bus home by mistake.

_____ Permission to Photograph: I give permission for my child to be photographed while taking part in Extended Day activities and for those photographs to be used in future brochures, memory books, and displays.

Date: _____ **Parent or Guardian's Signature:** _____

I verify that I have read the Sherborn Extended Day Parent Handbook available on Doversherborn.org>Pine Hill>Families & Community>Extended Day, and I agree to abide by all rules, regulations and procedures.

Parent/Guardian

Parent/Guardian

Signature 1: _____

Signature 2: _____