



Sunny Faces Day Care, 30 Harefield Drive, Etobicoke ON, M9W 4C9 (416 744 0778)

Outings & Field Trips

I, the undersigned, being parent or guardian of _____,

do hereby consent to the participation of my child in activities related to Sunny Faces Day Care such as walks, field trips, and special outings, provided such activities are supervised by a member of Sunny Faces staff.

_____ Day Care Centre _____ Date _____ Signature

Medical Release Form

If at any time, due to circumstances such as accident, sudden illness or if emergency medical treatment is required, including an anaesthetic necessary by private physician or hospital, **this treatment may be given**. I also **consent to emergency transportation** if necessary.

Do you agree with the above statement? Yes No

_____ Date _____ Signature of Parent or Guardian

Comments: _____

Photo & Video Permission

Sunny Faces Day Care may, from time to time, take photographs and/or video recordings of program activities or events that include children for the purposes of review of programs for teaching, viewing materials for parent nights or other uses such as marketing, advertising, promotional and/or communications.

By signing this form, you are consenting to the taking of photographs and/or video recordings of your child by the Sunny Faces for the purposes noted above. You are assigning to Sunny Faces and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by Sunny Faces Day Care Inc.

I, _____ give permission
for my child to be photographed/videotaped for the above-mentioned purposes.

_____ Name of Child _____ Date _____ Signature of Parent or Guardian

Comments: _____

