

## RIVERTON HIGH CHILD CARE LAB PARENT CONSENT AGREEMENT

Child(ren)'s Name \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY MEDICAL TREATMENT CONSENT

In the event I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact the parent/guardians or emergency contacts that I provided before such action is taken. I will be responsible for the payment of such care or treatment.

Signature \_\_\_\_\_

### AUTHORIZATION FOR STUDENT CARE

The Child Care Lab is an educational laboratory setting for students studying Child Development and Early Childhood Education at Herriman High School. I understand that high school students will be providing direct care for my child including, but not limited to: holding and rocking infants, changing diapers, preparing food, feeding, participating in instructional and playtime activities, under the direct supervision of the Child Care Lab Manager, teachers and/or other adult staff other child care related activities. I hereby give permission for the RHS students to care for my child(ren) in the childcare lab.

Signature \_\_\_\_\_

### ACTIVITY AUTHORIZATION

I hereby grant permission for my child to use all of the play equipment, and participate in all of the activities at Riverton High School Child Care Lab.

Signature \_\_\_\_\_

### PICTURE RELEASE

I hereby grant permission for my child to be photographed or videotaped while involved in activities connected with the Riverton High School Child Care Lab Facility. No commercial use will be made of these photographs or videotapes without further consent.

Signature \_\_\_\_\_

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