

Nature's Nursery

A Program of Green Chimneys School

400 Doansburg Rd. - Box 719 * Brewster, NY 10509-0719

Fax: (845) 279-3077



PICK-UP AUTHORIZATION/PROGRAM CONSENT/PUBLICITY RELEASE

THESE PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD

MOM'S NAME _____ DAD'S NAME _____

PROGRAM CONSENT FORM

I hereby give permission for my son/daughter _____ to participate
(CHILD'S NAME)
in the Nature's Nursery Program at Green Chimneys.

In the event my child requires emergency medical treatment, I specifically authorize the Executive Director of Green Chimneys Children's Services, Inc. and/or Green Chimneys School or his designee to consent to such emergency medical treatment if for any reason I cannot be consulted.

I understand that where practical, I will be informed whenever medical treatment is required. For this purpose, I shall keep Nature's Nursery informed of my address and telephone number.

I also relieve Green Chimneys Children's Services, Inc. and/or Green Chimneys School, and/or Nature's Nursery from any liability resulting from any injury my child may sustain while participating in this program.

*

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

**Before signing, be sure you have a witness to countersign*

PUBLICITY RELEASE

I hereby give Green Chimneys and/or Nature's Nursery, their agents and representatives, permission to record my child's picture or voice for use in any film, television, radio or printed media, as they see fit, and I, hereby release them from any claims from its usage.

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE

DATE

For example; Nature's Nursery tries to get the children's pictures into the newspapers and other media, as well as making up our brochures, and we take random photos of the children participating in a theatrical production or a Halloween outing, or just participating in our everyday activities.