

The Downtown Little School

15 Dutch Street, New York NY 10038 | 212.791.1300 | downtownlittleschool.org

RELEASE FORM FOR: _____
(Child's Name)

MEDICAL RELEASE

In the event that parent(s)/guardian(s) are unavailable, I authorize Downtown Little School to obtain emergency medical treatment for my child. I permit Downtown Little School to care for my child if he/she becomes ill during school.

Parent Signature _____

Date _____

TOPICAL CREAMS/OINTMENTS RELEASE

I give permission for the staff at Downtown Little School to apply non-prescription (over-the-counter) topical creams, including sunscreen, anti-itch cream and antibiotic ointment, to my child, as needed.

Parent Signature _____

Date _____

PHOTO RELEASES

1. The Downtown Little School has my permission to use photographs and videos of my child, and/or samples of my child's work in communications to parents and caregivers in my child's class.

Parent Signature _____

Date _____

2. The Downtown Little School has my permission to use photographs and videos of my child, and/or samples of my child's work for promotional and educational purposes, including on the Downtown Little School website and in Downtown Little School electronic newsletters.

Parent Signature _____

Date _____

TRIP RELEASE

I hereby authorize my child to go on occasional class walking trips in the neighborhood.

Parent Signature _____

Date _____