



**Mini Moose Lodge**  
**Preschool AND School Age Care**  
**Moose Lake Community Schools**



**Release Forms**

*One per family needed*

**Field Trip Release:** (circle one)

**I do** give permission for my child(ren) to leave the Mini Moose Lodge for trips on public transportation for field trips, and/or walks to the parks or local field trips. I understand that I will be notified before each such activity. It is my responsibility to check for posting in the classroom.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Picture Release:** (circle one)

**I do**      **I do not**      give permission to have my child(ren) appear in any media coverage approved by the Mini Moose Lodge.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Medical Release:**

To the best of my knowledge, my child(ren) is/are in good health, and I assume all responsibility for the health of my child(ren). In the event of a medical emergency, I give permission for my child(ren) to be transported to Mercy Hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

Child(ren): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor Name & Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Office & Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Information:**

\_\_\_\_\_  
\_\_\_\_\_