R-P ECFE On-the-Go Consent Form

Childcare Group:	
Date:	
Phone:	
Email:	

Consent: I give permission for my child's participation in the R-P ECFE On-the-Go Program. I do not object to my child's photo being taken during visits and being used in publications or in social media (i.e. Facebook). Submission of this form also gives consent to the following waiver: I give my child permission to participate in the R-P Community Ed Programs, fully knowing that participation may involve risk of injury. I waive and release the R-P Public Schools, Community Ed, program staff and anyone associated with the program from liability for any injury, accident or illness obtained in any of the programs. I give my permission to provide medical attention as deemed necessary in an emergency for myself or my child.

By signing below, you are giving full consent for participation as stated above.

Child's Name	Parent(s)/Guardian(s) Signature for Consent