

The Baby Fold  
Hammitt Junior-Senior High School

**Consents for Visits, Trips, Excursions, Photographs, Videotaping**

Client's Name:

\_\_\_\_\_

Birthdate:

\_\_\_\_\_  
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**Consent for Visits, Trips, Excursions**

I hereby consent to allow my child to be transported by the staff of The Baby Fold on field trips and any excursions conducted for the welfare or education of the child.

**Approved**

**Not Approved**

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date:

\_\_\_\_\_  
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**Consent for Photographs for Publicity**

I hereby grant permission for my child to be included in photographs and pictures to be used in material interpreting the work and activities of The Baby Fold. At no time will any individual child be identified by name.

**Approved**

**Not Approved**

I hereby grant permission for my child to be included in photographs and pictures to be used in-house (for example yearbook).

**Approved**

**Not Approved**

Parent/Guardian Signature: \_\_\_\_\_

