



MANSFIELD LITTLE SCHOOL

CONSENT FORM

The Commonwealth of Massachusetts Office of Early Education and Care (our State Licensing Bureau) requires each child to have in his/her file parent permission for emergency medical treatment, nature walks, and picture taking while at school.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____.

However, if I cannot be reached, I hereby authorize the Mansfield Little School to transport my child to a medical center by Rescue Vehicle to secure the necessary medical treatment.

I understand the teachers are trained in the basics of First Aid and CPR and I authorize them to administer either to my child if necessary.

Parent / Guardian Signature & Date

In the event that a nature walk around the school premises might take place during the school year, I give permission for my child to leave the school premises during such time under the supervision of the teachers.

Parent / Guardian Signature & Date

I give permission for my child to be photographed by the teachers or by visiting parents for print purposes or for the Mansfield Little School Facebook Page. I will be consulted for permission if my child is photographed by newspaper, or other media presentation.

Parent / Guardian Signature & Date

