

**FAIR ACRES  
COUNTRY DAY SCHOOL**

35 FAIR ACRES DR. MARSTONS MILLS, MA 02648  
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**CHILD'S NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

**FIELD TRIP CONSENT**

I hereby grant my permission for my child to attend field trips with his/her class. If the field trip is at a location requiring transportation, I grant Fair Acres Country Day School, permission to approve such transportation back and forth between the school and location of the trip. I understand that my child will be in a seat belt and that the car driver will be properly insured. I also understand that I must sign a "field trip sheet" the day of the trip for this permission to be valid.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPHS**

I hereby grant permission for my child to be photographed by the staff at Fair Acres Country Day School, Inc., for the following purposes:

\_\_\_\_\_ School Activities      \_\_\_\_\_ School Publications      \_\_\_\_\_ Fair Acres Website

I understand that no photographs of my child will be released to the media without my written consent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR SUNSCREEN AND FIRST AID**

I authorize Fair Acres Country Day School to administer the following non-prescription medication to the above named child when necessary:      \_\_\_\_\_ Sunscreen      \_\_\_\_\_ First Aid Cream

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**TOOTH BRUSHING CONSENT**

In compliance with new MA regulations, Fair Acres will assist our extended day children with brushing their teeth after lunch. We ask that parents provide a toothbrush & toothpaste enclosed in a baggie and labeled with the child's name in their lunch box daily.

I would like Fair Acres to assist my child in toothbrushing after lunch and will provide the necessary toothbrush & toothpaste in their lunchbox .

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I would prefer that my child not brush his/her teeth while at Fair Acres.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_