

**FAIR ACRES
COUNTRY DAY SCHOOL**

35 FAIR ACRES DR. MARSTONS MILLS, MA 02648
PH (508) 420-3288
FAX (508) 420-1710
www.fairacrescapecod.com

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 _____
