



Child's Name: _____

Program Name/Session: _____

PICK-UP PERMISSION FORM

At the end of the program, staff will only release your child to those listed below. Names may be added as carpool opportunities arise. Please print neatly and include both parents' names if appropriate.

I authorize that the following people may pick up the child named above:

Name:

Relation:

1. _____
2. _____
3. _____

The above named child may participate in all Family Discovery activities and programs. I authorize Maine Audubon to have and use *photographs, slides, moving pictures, or videotapes* of the person named on this form as may be needed for its records or public relations.

Signed _____ **Date** _____

HEALTH NOTE

It is Maine Audubon's policy to send a child home in the case of illness or serious injury. We do not have a nursing staff or facilities for treatment. Please keep your child home when sick and allow an extra day at home beyond fever or other serious symptoms for full rest and return to good health. Inform the staff **IMMEDIATELY** if your child has been exposed to any communicable diseases within 21 days of the program.

NON-MEDICAL INFORMATION

We ask the following questions so that we can best serve your child and respond to his or her needs. *These questions are optional.* Your response will be kept confidential and used only to help us effectively work with your child.

In the following areas, is there anything that may affect your child's participation in this program?

Learning or language _____

Emotional _____

Behavioral _____

Particular fears or nervous habits _____

Is there anything else you would like us to know about your child? _____

