Record of Authorizations

Please review and sign the following statements and authorizations. If you have any questions or do not agree with statements/authorizations, please discuss your concerns with the Director. Please \sqrt{check} .

I grant permission I do <u>not</u> grant permission for Cape Care staff to photograph my child. Photos may be used for classroom bulletin boards, brochures, advertisements, and other publications.

I grant permission I do <u>not</u> grant permission for my child to participate in local walks under the supervision of the staff.

I grant permission I I do <u>not</u> grant permission for my child to be transported by Cape Elizabeth School vehicle to and from Pond Cove School and field trips.

I grant permission do <u>not</u> grant permission for my child's Cape Care Teacher to speak to my child's classroom teacher, principal, nurse, instructional support staff and guidance counselor if necessary.

I grant permission I do <u>not</u> grant permission for my child to watch m G rated movies m PG rated movies. (This is only for a rainy day option)

I grant permission	I do <u>not</u> grant permission for my child to use the
computers in the Commu	nity Services Computer Lab. Choose game level you
allow your child to play.	OEarly Childhood OEveryone O Teen

I grant permis	ssion 🖵 I do <u>n</u>	ot grant permissio	on for my child to walk ho	me
form Cape Care o	only if I have prov	ided note for the s	specific day.	