



# Halton District School Board

## EXTENDED DAY PROGRAM PERMISSION FORM & MEDICAL RELEASE FORM

Child's Name: \_\_\_\_\_

Name of Elementary School: \_\_\_\_\_

I give permission for my child to participate in community walks and special outings provided a member of the HDSB Extended Day Program supervises such activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If at any time, due to circumstances such as accident, sudden illness or emergency, medical treatment is required, including anaesthetic necessary by a private physician or hospital, this treatment **may be given**. I also consent to emergency transportation if necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Throughout the course of the school year we would like to highlight events and activities by taking photographs and/or videotaping the children. These will be used to review the program, viewing materials for parent nights and documentation presentations in the classroom.

I give permission for my child to be photographed and videotaped for the above purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date