

**Newton Presbyterian Parent's Day Out
Authorization and Consent Form**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child,
(name)_____.

However, if I cannot be reached, I hereby authorize the Newton Presbyterian Church to have my child transported to the _____ Hospital (or the nearest hospital) and to secure for my child the necessary medical treatment.

Date _____ Parent/Guardian signature _____

I authorize the use of any photos or video footage taken from Parents Day Out events that include my child _____ to be used in Parents Day Out publications and/or the church website.

Date _____ Parent/Guardian signature _____

Permission and Release

I hereby authorize the Newton Presbyterian Parents Day Out program to release my child to the following people (other than parents) at pick up time.

NAME _____ RELATIONSHIP _____

ADDRESS: _____

PHONE #: _____

NAME _____ RELATIONSHIP _____

ADDRESS: _____

PHONE #: _____

Date _____ Parent/Guardian signature _____