

**THE CHILDREN'S WAY AUTHORIZATION FORM
2018-2019**

Child's Name _____

Medical Treatment Release

I, hereby, authorize the school staff to administer first aid treatment to my child, and in case of a serious emergency, to secure emergency medical treatment for my child.

Yes No

Photo Opt-Out

I acknowledge the need to complete an "Opt-Out" form if I do not give TCW permission to use photos/images of my child. The form is located on the TCW website and must be completed and returned to TCW **only** if TCW does not have permission to photograph my child.

I acknowledge that if I do not complete this Opt-Out form, I am granting permission for my child to be photographed/videotaped at TCW for possible use in internal displays, the TCW web page, brochures, newspaper submissions, and online media websites.

Class List/TCW Directory Permission

I, hereby, authorize the school staff to release my name, my child's name, address, phone number, email address and enrollment schedule to other parents for the purposes of a classroom list and school-wide family directory.

Yes No

Approved Telephone Numbers

Please use the following phone numbers for release in the TCW Family Directories:
(One number per parent please. Please print clearly.)

Name: _____ Phone # _____

Name: _____ Phone # _____

Parent/Guardian Signature _____ **Date** ____/____/____

(Revised 12/2017)