

## Student Permissions Form

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

### Advisory Program

Throughout the year, your child will participate in activities that will be conducted by the Charlotte Lab School Advisory Program. Programs activities may include but are not limited to trips outside the school building, bullying, health, motivation, mindfulness, etc. I give my child permission to participate in all of the Advisory Program Activities:

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

### School Directory

The Charlotte Lab School Directory will be distributed to Charlotte Lab School parents only including the child's name and parent/guardian's name, address, phone number, and email. I give my permission for my child's name and information to be included in the Directory:

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

### Walking Trip Participation

Frequently, classes may take walking trips to places in Uptown Charlotte including but not limited to Children's Theater, Imagination, and Discovery Place. Your child's safety is our priority; students will always be accompanied by a responsible Charlotte Lab School staff member in a ratio of 10 students, or fewer, to one adult. I give my permission for my child to take part in enrichment, recreation activities, field trips and other walking excursions:

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

### Emergency Care

I agree that in the case of accidents or injury, emergency medical care may be given to my child in the event that I cannot be contacted. I give the Head of School permission to have my child admitted to the emergency room if it becomes medically necessary and I cannot be immediately contacted.

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

### Contact Information

I agree to always have emergency persons and correct phone numbers on file for my child. I also agree that if my emergency phone numbers, address, email, contact persons, or list of persons able to pick up my child change, I will notify Charlotte Lab School of the correct information immediately.

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

Parent/Guardian Printed Name \_\_\_\_\_ Date: \_\_\_\_\_