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Permission to Participate Form

Child Development Center

As parent or guardian for: _____
Child's name

I give my permission for this child to participate in the following activities which I have initialed:

- 1. Walking field trips planned by the Child Development Center staff. _____
- 2. Speech and hearing screening conducted by the ENMU Speech and Hearing Clinic staff. _____
- 3. Photographs for local and national publications (digital and print) by photographers approved by the ENMU Child Development Center staff. _____
- 4. Selected research projects approved by the Child Development Center staff. _____
- 5. I have read the Child Development Center handbook (available online and in print) and billing schedule, which I understand and to which I agree. _____
- 6. I give my permission for a member of the Child Development Center staff to use Neosporin antibiotic first aid ointment or Mycitracin Triple Antibiotic First Aid Ointment as needed for first aid for minor cuts, burns, nicks, scrapes, scratches and abrasions. _____

Parent/Guardian's signature

Date