



Release of Liability

Please be advised that I designate _____, to be in the care of any Trust Children's Center staff during my regular work hours. This is ongoing permission, any days Monday through Friday, between the hours of 7:30am-5:00pm. The staff of Trust Children's Center has my permission to make any medical or other important decisions regarding my child during these hours, in the absence of either parent. In an emergency I understand that Trust Children's Center will always try to contact me first. The staff may also seek medical attention for my child if necessary. I hereby release all staff at Trust Children's Center from any legal responsibility at any time that my child is in their care. I do not hold Trust Children's Center responsible for any accidental injury.

Sign _____ Date _____

Permission to be Photographed or Filmed

I give permission for my child _____ to be photographed or videotaped, *possibly using a children's center staff's personal cell phone device*. I understand that the images may be displayed in the Trust Children's Center publications, buildings, school newsletters or website. I understand that as a precaution my child's name will not be published or linked with photographs. I also understand that it is my choice to not sign this release, but my child may not be able to be a part of some types of documentation, etc.

Sign _____ Date _____

Walking Field Trips

I give permission for my child _____ to go on walking "field trip" in close proximity to Trust Children's Center. Such walks would include visiting Trust Automation, walking the perimeter of the attached parking lots, and walking along Suburban Rd, Tank Farm Rd and S. Higuera. Field trips any further than these areas would always be notified ahead of time and would require a specific permission slip.

Sign _____ Date _____

Sunscreen Permission

I give Trust Children's Center staff my permission to apply the sunscreen on my child _____ . This will be applied as needed, when going outside. I understand that it is my responsibility to apply to first coat before school. Please list any known reactions to sunscreen: _____ .

Sign _____ Date _____

Diaper Cream Permission

I give Trust Children's Center staff my permission to apply the diaper cream, I provided, on my child _____ . This will be applied as needed, for diaper irritations.

Sign _____ Date _____