



Permissions Form

Please complete all statements and sign and date at the bottom. Parents with students at our Zeeb Road campus should email this form to Laura Hogan (laurah@daycroft.org). Parents with students at our Oakbrook campus should email this form to Jennifer Dumas (jenniferd@daycroft.org). Otherwise, please print and bring/mail this form to the school office to arrive before your child's first day of school.

Name of Student _____

Emergency Permission

I give permission to Daycroft School, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Medical Information and Physical Health

I certify that the above-named child has been examined by a physician in the past two years and is found to be in good health.

Immunizations

I certify that the above-named child is current on all immunizations and a record is on file at Daycroft School or will be given to Daycroft School before the start of the new school year.

I certify that the above-named child has not had immunizations and a signed waiver is on file at Daycroft School or will be given to Daycroft School before the start of the new school year.

Release Statement

I agree to release Daycroft School and its staff from all responsibility for injuries during school or any activity held at Daycroft except for gross negligence.

Signature

The signature below and its related fields are treated by Daycroft School like a physical handwritten signature on a paper form.

I verify that all the information provided is true and correct to the best of my knowledge.

I verify that I have read the student handbook (available on the school website).

I verify that I have read the licensing notebook requirement notice (available on school website).

Signature (type name of parent or guardian):

Date: