



## Child Development Center Permission Form

I give consent to Feather River College Child Development Center (CDC) to conduct and/or use the following relating to my child: *check all that apply*

- Health Screenings (please initial to agree)
  - Vision \_\_\_\_\_
  - Hearing \_\_\_\_\_
- Sunscreen
- Barefoot
  - Indoors \_\_\_\_\_
  - Outdoors \_\_\_\_\_
- Campus Walks
- Photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting.
  - I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by FRC CDC, I give permission to publish, exhibit, and distribute these materials.

*Please complete a separate form for each participant.*

*If the participant is under age 18, the participant's parent or guardian must sign this form.*

### Permission for Minor

\_\_\_\_\_  
Name of Child (print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone