

# 2010 PARK PERMISSIONS FORM

<b>Parksters Name:</b> _____
<b>Adults Name:</b> _____
<b>Adult's Relationship with Child:</b> _____
<b>Date Received:</b> _____

**PICK UP POLICY**

My Child , \_\_\_\_\_ may be picked up by the following individuals:  
\_\_\_\_\_ & \_\_\_\_\_

My Child , \_\_\_\_\_ may **NOT** be picked up by the following individuals:  
\_\_\_\_\_ & \_\_\_\_\_

My child is able to visually recognize each of these individuals.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOOD/SNACKS**

My child, \_\_\_\_\_ is allergic to the following foods:  
\_\_\_\_\_  
\_\_\_\_\_

My child, \_\_\_\_\_ is not allowed to have the following foods:  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**SUNSCREEN**

I will allow a ( circle one) MALE / FEMALE Counselor to apply sunscreen to my child.

Date \_\_\_\_\_ Signature \_\_\_\_\_