

RELEASE AUTHORIZATIONS
Jesup Community School Programs

Travel Release

I/We DO _____ DO NOT _____ give consent for (name of child) _____
To participate in field trips with the above named school district child care program. I/We do
reserve the right to be notified before each field trip that requires travel out of town. I release
the program of any liability unless negligence is proven.

Restrictions:

Date

Signature of Parent or Legal Guardian

Photographing and Videotaping Release

I/We DO _____ DO NOT _____ give consent for the above named program to take videos or
photographs of (name of child) _____. By signing I give the above
named child care permission to also use these photos and videos to help promote the
program in the local newspaper or sharing pictures on the classroom Facebook page Jesup
BSAS or their personal pages.

Restrictions:

Date

Signature of Parent or Legal Guardian

Leaving School Grounds

I/We DO _____ DO NOT _____ give consent to the above named program for (name of child)
_____ to leave the school with adequate staff (ratio plus one)
to attend events at the Jesup Public Library, City Parks, or other areas of the school campus.
I/We understand that these outings will be communicated on our monthly calendar with
departure and arrival back at the school indicated on the calendar and it will be parents
responsibility to make note of those times if it should fall within the time the child is getting
picked up. If you do not wish for your child to attend these outings you will need to find
alternate care of those days as all of our staff attend the outings unless noted with an age
limit such as swimming pool trips.

Restrictions:

Date

Signature of Parent or Legal Guardian