



MARY McDOWELL  
FRIENDS SCHOOL

**Mary McDowell Friends School**  
20 Bergen Street • Brooklyn • New York 11201 • (718) 625-3939

**2011-2012 Academic Year**

**EMERGENCY CONSENT & PERMISSIONS**

Child's Name: \_\_\_\_\_

- 1) In the event that I cannot be contacted, I authorize the school administration to designate a doctor and/or hospital to initiate appropriate emergency medical services for my child.
- 2) I hereby give my consent for my child to practice for, and participate in, all competitive games and contests, except for those listed below:

\_\_\_\_\_

\_\_\_\_\_

**PERMISSION FOR EVALUATIONS, PHOTOGRAPHS AND SCHOOL TRIPS**

- 1) The Mary McDowell Friends School staff has permission to perform Psycho-educational, Occupational Therapy and/or Speech and Language Evaluations on my child.
- 2) I give permission to have my child photographed/video taped as he/she participates in the Mary McDowell Center's program. I also give permission to have samples of his/her work used as examples of the work the children do in the program. These materials will only be used for activities related to the Mary McDowell Center or other training and will not be used for commercial purposes. I understand that these photographs/videos may be used for the school website, brochures, and all other school-related multimedia publications.
- 3) My child has permission to participate in all trips during the current school year. My child will be walking and taking various forms of public transportation under adult supervision.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

(Please print)