

## Wrenshall Wrens Club RELEASE FORMS

### Medical Release

To the best of my knowledge, my child \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of a medical emergency, I give permission for my child to be transported for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

\_\_\_\_\_  
Parent/Guardian Signature      Date

### Field Trip Release

I give permission for my child, \_\_\_\_\_ to leave the Wrenshall Wrens Club location, at the Elementary School, for field trips in a car, van, or bus, and/or walks to parks or local field trips. I understand I will be notified before each activity.

\_\_\_\_\_  
Parent/Guardian Signature      Date

### Photo Release

I give my permission to have my child appear in any media coverage approved by Wrenshall Wrens Club. This includes bulletin boards, classroom use, Public Reporter, and local news media, or Facebook Group.

\_\_\_\_\_  
Parent/Guardian Signature      Date