PERMISSION TO RELEASE INFORMATION

Date:____________________

I understand that during the time my child, ________________________________
is in the care of Tahoe Douglas Christian Preschool, the Director may be asked for information regarding my child by state officials.

I hereby give permission to release information to official persons only who adequately identify themselves, such as school or health care personnel, welfare or other government officials.

____
Signature of Parent or Guardian

I do <u>not</u> give permission to release information about my child as set forth in the above statement.

____
Signature of Parent or Guardian

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PERMISSION FORM

I hereby give my child permission to participate in all activities at Tahoe Douglas Christian Preschool, <u>including all Field Trips.</u>

____
Signature of Parent or Guardian

____
Date