

ACTIVITY PERMISSION

(Please Sign and Return)

I hereby give permission for my child _____ to participate in any and all activities of The Clear View School Day Treatment Center program.

When photographs, videotaping, stage productions, art projects and the like are created and used within the program, I understand that my child's image, artwork, voice, musical production, etc., may be used for program purposes and may be displayed within Clear View's buildings and grounds with my child's name as the subject and/or creator of the image, and give permission for such activities and display.

Further, I give permission for my child to take trips or walks away from the school premises when the staff deems such trips or walks to be of benefit to my child.

Further, I give permission for my child to take part in playground and other physical activities during the hours that he/she attends The Clear View School and generally to participate in all of the activities which the School's center involves, unless I have given specific, written instructions that such participation not be permitted.

Signature of Self
(Age 18 or older)

Signature of Parent or Guardian

Date