



Play and Learn Program

Permission Slips.

I/we give permission for my/our child/children

Name/s _____

to be photographed/videoed (with the child's consent) by the Facilitator at the **Play and Learn Program**. I/we understand that the photographs/videos taken are for the educational purpose of the **Play and Learn Program** only & they will be taken during school time/field trips only.

Signed _____
Parent/guardian

Date _____

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I/we give permission for my/our child/children

Name/s _____

to partake in spontaneous walks through the neighbourhood during the **Play and Learn Program**. I/we understand that the children will be accompanied at all times by the Facilitator employed by Marpole Oakridge Family Place.

Signed _____
Parent/guardian

Date _____