Parental Permission Form

Dear Parent:

Your child will soon be involved in an exciting, hands-on, learning experience at Airlie Gardens. They will be involved in many different activities in multiple outdoor teaching areas. Please understand that insects, poison ivy and other potential risks are a part of any outdoor setting.

To make your child's experience as safe and enjoyable as possible, be sure they wear clothing appropriate for outdoor activity and weather. Comfortable, closed-toe shoes should be worn. Please provide the following information:

Child's Name: _____

Does your child:

- Have any allergy to bee stings or insect bites? _____
  If so, please have the child bring their medication and make sure that they, or a group leader, know how to administer it.

- Have other allergies? _____

- Have any other health problems that we should be aware of? _____

  _____

In an emergency, I give permission for my child to be treated by the attending physician. I understand that I will be notified as soon as possible. By signing this release form, I release Airlie Gardens and New Hanover County from any from any and all liabilities incident to my child's involvement or participation in this field trip, to the fullest extent permitted by law. I sign this release form freely and voluntarily without any inducement.

_____ _____
Parent's signature Date

Parent's name: _____ Home phone: _____
(Please print)
Work phone: _____

Family Physician's name: _____ Phone: _____

Alternate Emergency Contact:

Name: _____ **Phone:** _____

Photo Release:

I give permission for my child to be photographed by an Airlie staff member, Airlie Education volunteer, or a professional photographer, and I allow those photographs to be used in Airlie Gardens' publications and on the Airlie website.

_____ _____
Parent's Signature **Date**