

## **Northern Cross Allergy Notice Form**

Please list any allergies your child may have:

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Does your child have any physical condition(s) requiring special consideration? If yes, please describe completely:

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In case of an emergency and the staff is unable to contact either parent, permission is granted to provide medical assistance.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

## **Field Trip Permission Form**

My child, \_\_\_\_\_ has permission to attend field trips coordinated by Northern Cross Children's Learning Center at First Christian Church.

Parents signature \_\_\_\_\_

Date \_\_\_\_\_

## **Media Permission Form**

My child, \_\_\_\_\_ has permission to be photographed, interviewed or videotaped at Northern Cross Children's Learning Center at First Christian Church.

Parents signature \_\_\_\_\_

Date \_\_\_\_\_

