

Permission Slip

**CHILD INFORMATION**

Child Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Grade/age \_\_\_\_\_

School \_\_\_\_\_

Name of CLASS you wish to enroll in \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

This project is made possible by a grant from the Mississippi Gulf Coast National Heritage Area.

**MEDICAL INFORMATION**

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

**PHOTO RELEASE**

Please circle one: YES      NO

I give the Alice Moseley Folk Art & Antique Museum to post photos of my child on social media and any other classroom related materials and/or promotions. I will also allow photographs of my child to be sent to the Mississippi Gulf Coast National Heritage Area for grant completion purposes.

Please circle one: YES      NO

I will ONLY allow photographs of my child to be sent to the Mississippi Gulf Coast National Heritage Area for grant completion purposes.

Signature of parent/  
guardian \_\_\_\_\_

DATE \_\_\_\_\_



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