

# Consent Form

Questions about this form? Please call 701-231-5219

The NDSU Wellness Center Child Care is a drop off child care center for use by the students at North Dakota State University.

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_

- ◆ Understand that if a staff member is concerned for the safety or wellbeing of a child at pick up time, he/she will inform the parent/guardian of our concern and call a person on the child's authorization list to pick up the child.
- ◆ DO\_\_\_\_\_/ DO NOT\_\_\_\_\_ give consent for my name, address, phone number and e-mail address to be released to other parents in the Child Care for an in-house family directory. This directory could be used by parents for play dates, birthday invitations, family night out, carpooling, etc.
- ◆ DO\_\_\_\_\_/ DO NOT\_\_\_\_\_ give consent for my child's name and/or picture to be used in publicity connected to the Child Care, including our Facebook page and website.
- ◆ DO\_\_\_\_\_/ DO NOT\_\_\_\_\_ give consent to post photographs of my child and their artwork within the Child Care.
- ◆ DO\_\_\_\_\_/ DO NOT\_\_\_\_\_ give consent for my child's photo to be released to other families in the Child Care as part of the Bright Wheel App (for example, if we take a group photo and send it to parents of all the children in the photo).

We would like to communicate with the WCCC staff concerning my child's care, activities, and other notices by:

Email: \_\_\_\_\_ (preferred address)

SMS texting: \_\_\_\_\_ (cell phone number)

Brightwheel App \_\_\_\_\_ (preferred email)

This consent will remain effective for one year from the date of signature.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date