

**Purdue University Calumet  
Charlotte R. Riley Child Center  
Parent/Legal Guardian Consent Form**

Child's full name: \_\_\_\_\_

*Please circle Yes or No for each of the following and provide your signature at the bottom:*

1. I give permission for my child to participate in Charlotte R. Riley Child Center sponsored walking and excursion field trips on campus.  
Yes                      No
2. I give permission for my child to participate in vision and hearing test screenings, development screenings.  
Yes                      No
3. I give permission for my child to be photographed, tape recorded or videotaped by staff or others when involved in Charlotte R. Riley Child Center activities. Such materials may be used for classroom as well as publicity purposes.  
Yes                      No
4. I give permission for my child to be observed by academic and non-academic visitors to the Charlotte R. Riley Child Center.  
Yes                      No
5. I understand non-Charlotte R. Riley Child Center personnel for teaching or training purposes will observe my child. I give my permission for my child to participate in observation projects conducted by those authorized by the Charlotte R. Riley Child Center Director.  
Yes                      No
6. I give my permission for my child to participate in research or testing as approved by the Charlotte R. Riley Child Center Director.  
Yes                      No
7. In the event of an emergency requiring transportation to a medical facility, I give my permission for Charlotte R. Riley Child Center to arrange emergency transportation via police vehicle, ambulance or emergency technician vehicle.  
Yes                      No
8. In the even on an emergency, illness or accident involving my child, I give consent to Charlotte R. Riley Child Center to secure emergency care for my child through an emergency medical technician, clinic, hospital, private physician or dentist.  
Yes                      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)