

QUALITY TIME LEARNING CENTER  
8101 GEORGIA AVENUE, SILVER SPRING, MD 20910

**AUTHORIZATION FORM**  
**for Field Trips & Pictures**

**Permission Slip Approval**

My child \_\_\_\_\_, has permission to attend **ALL field trips** that will be held during the **Academic School Year 2025-2026**. The field trips will be taken by bus, motor vehicle and walking to the nearest location from school.

In the event of an emergency, I hereby authorize Quality Time Learning Center to transport the above-mentioned child to the nearest hospital for care.

I agree to accept responsibility for all financial expenses incurred. My child may attend field trips throughout the school year. The school owners, directors, teachers, and assistants are released from any obligation in the event of injury.

**If your child is on medication, please ensure that the school have written doctor's permission to administer medication prepare one dose with label including child's name, dosage amount, date to be given, name of medication and time to be given for FIELD TRIP ONLY.**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

**Picture Authorization**

To aid us with our marketing and promotional materials, we are asking parents to cooperate in allowing us to photograph and use pictures for display in brochures, advertising on school-related web sites and other promotional material. Additionally, we will display our pictures on bulletin boards and school yearbooks.

Below, you will find a consent form allowing us to take pictures to be used for the purposes stated above. Please fill out the consent form and return to your child's teacher.

I, \_\_\_\_\_, ☐ (give) ☐ (do not give) Quality Time Learning Center permission to take a photograph of my child, \_\_\_\_\_, to be used for the promotional purposes as stated above to advertise the school's programs.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**THANK YOU FOR YOUR CO-OPERATION!!!**