

Little Folks



School

**Little Folks School, Inc.  
3247 Q Street, NW  
Washington, DC 20007**

**LIMITED WAIVER OF CLAIMS AND MEDICAL CARE AUTHORIZATION**

The Director and employees of the Little Folks School, Inc. have my permission to take my child \_\_\_\_\_ on all field trips undertaken at their direction during the 2021-2022 school year. Should it be necessary for my child to have medical treatment at any time while in the care of the Director or employees of the Little Folks School, Inc., I hereby give such school personnel permission to use their judgment in obtaining needed medical services. I authorize any licensed physician selected by the school personnel to render medical treatment deemed appropriate by the physician. I understand the Little Folks School, Inc. has insurance covering certain injuries, accidents or death occurring during school hours or in the course of school field trips. I hereby waive all claims against the Director or employees of the Little Folks School, Inc., not covered by said insurance. I have read and understand the foregoing statement and agree to assume the responsibilities stated and waive the claims described therein.

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Parent or Guardian Signature

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Parent or Guardian Name (Please Print)

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\_\_\_\_\_ Date