



**M.I.L.L.S Institute for Learning and Leadership Services**  
**5200 West South Street, Orlando, FL 32811**  
**(407) 522-0898**

**M.I.L.L.S. Parent Consent Form**

**Field Trip Consent:**

I, the parent/guardian of \_\_\_\_\_ hereby give my consent for my child to participate in all field trips during the \_\_\_\_\_ school year. I understand that the transportation mode may be by van, bus, common carrier, and/or walking.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver of Liability/Informed Consent Form**

I, \_\_\_\_\_ have enrolled my child, \_\_\_\_\_ in the \_\_\_\_\_ school year that includes physical activities and field trips offered by M.I.L.L.S. Child Development does not suffer any disability that would prevent or limit his/her participation in this program. In consideration of M.I.L.L.S. Child Development Center (its employees, and/or volunteer) from any liability now or in the future including, but not limited to sun stroke, muscle strains, pulls or tears, broken bones, shin splints, injuries to knee, lower back, foot and by any other illness or soreness or injury however caused, and/or any loss personal belongings occurring during or after by participation in the \_\_\_\_\_ school year. I hereby affirm that I have read and fully understand the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_