

Wildlife Education Program Permission Slip

Dear Parent/Guardian,

Your child will have the opportunity to participate in a learning program with Carolina Waterfowl Rescue. They may learn about local wildlife, conservation, and animal rescue. As part of this experience, we want to ensure the safety and comfort of all participants. Please review the following information and provide your consent where applicable.

Child's Name: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Email address: _____

Please check all that apply:

1. **Does your child have any allergies to the following?**

- Latex gloves
- Nitrile gloves
- Vinyl gloves
- Other (please specify): _____

2. **Reptile Interaction:**

During the program, children may have the opportunity to touch a reptile or other animal under supervision.

- Yes, my child may touch a reptile / animal.
- No, my child may NOT touch a reptile / animal.

3. **Use of Tools:**

When age appropriate, children may have the opportunity to work with non-sharp medical instruments and child-safe scissors as part of hands-on activities.

- Yes, my child may use these tools under supervision.
- No, my child may NOT use these tools.

4. **Photography Consent:**

We may take photos during the program for educational and promotional purposes.

- Yes, my child may be photographed.
- No, my child may NOT be photographed.

As part of the educational program, images or videos of injured and or recovering wildlife may be shown. All materials chosen are age appropriate.

By signing below, I confirm that I have read and understood this permission slip and give consent for my child to participate in the Wildlife Education Program.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

By checking this box, I do NOT give Carolina Waterfowl Rescue or CWR Learning Center permission to email me regarding future announcements or opportunities.