



Country Montessori School

RELEASES

I hereby give my consent to Country Montessori, to administer First Aid, to authorize a medical doctor to examine or treat my child, _____,
to authorize necessary emergency treatment at a nearby emergency hospital, and/or to order ambulance transportation for my child while he/she is in attendance at Country Montessori School and/or school related off-campus activities. I agree to accept the financial responsibilities for any and all costs thus incurred in the treatment of any illness, accident, or injury of the above named minor.

____ Yes ____ No My child has permission to be involved with the care of school animals present on the school site and release the school from any liability because of injury incurred by the animals.

____ Yes ____ No My child has permission to be transported to and from the school for field trips and/or educational purposes. You will be informed of individual field trips.

____ Yes ____ No My child and/or family has permission to have photographs, slides, video and audio taping done for school projects or celebrations such as, but not limited to: assemblies, birthdays, brochures, publications, newspaper publicity and/or ads, Circle of Friends events, auction projects, Spring Fling, yearbook, classroom art projects, classes showing children at work, parties, picnics, or any other school event.

____ Yes ____ No My child and/or family has permission to have video, photographs, art work, special quotes, class projects on the website. Child's name will not be used.

____ Yes ____ No My child has permission to go for short walks up Monte Vista Road for the purposes of a nature walk and/or visit the local retirement homes.

I understand all information above and agree to release my child under the conditions as stated. This permission/non-permission will remain in force as long as my child remains at school or until the parent submits a new form to the office.

Signature of Parent/Guardian

Date