



Authorization for Emergency Medical Care

I hereby authorize the staff at Montessori Children's Academy to give consent for any and all necessary emergency medical treatment for my child(ren):

_____ while said child(ren) is/are in said individual's custody.

Parent's or Guardian Signature: _____

State of _____ County _____

Subscribed and sworn before me, on this _____ day of _____, 20_____

Notary Public _____

My commission expires on _____.

Permissions

Permission (is/is not) given for photographs, movies or video tapes for publicity purposes.

Parent's or Guardian's signature: _____ Date _____

I give permission for my child(ren) _____ to be transported by Montessori Children's Academy on field trips.

Parent's or Guardian's Signature: _____ Date _____

My child(ren) _____ has/have my permission to participate in water activities planned by Montessori Children's Academy. I understand that at least two adults will be in continuous supervision and that safety rules will be enforced. This is not intended as a waiver or release of any legal responsibilities.

Parent's or Guardian's Signature: _____ Date: _____