
Printed Name of Student

Signature of Parent/Guardian

Date

**WASHINGTON MONTESSORI SCHOOL
PERMISSION FORM & EMERGENCY CONTACT INFORMATION
2011-2012**

Authorization to Consent to Emergency Medical & Dental Treatment

I, the parent of _____, who is enrolled at Washington Montessori School, New Preston, CT, hereby authorize The Head of the School, or, in the event that the Head is unavailable, another responsible representative of the School, to consent on my behalf to any emergency medical or dental treatment deemed necessary by a physician or other qualified medical personnel to be rendered to my child.

I understand that all reasonable attempts will be made to contact me in advance of such emergency treatment, provided medical circumstances permit.

Elementary & Middle School Activity Permission

I, the parent of _____, hereby grant permission for my child to travel on school trips periodically during the school year.

I understand that all trips will be taken by chartered bus or school van. I also understand that the School will attempt to notify me prior to each trip requiring more than a half-hour of transportation (one way), by school mail or by a note sent home with my child, but that no additional written permission will be required for any trip. I agree that my child may participate in informal, short trips without any further notice to me. **I also agree that my child may take part in all school sports.** I will notify the School in writing should I wish to revoke this permission in general or for any particular school trip **or sport activity.**

Extended Day Lower School Trip Permission

I, the parent of _____, grant permission for my child to travel on school trips periodically during the school year. All trips will be taken by chartered bus or school van. Notification will be given prior to each trip.

Photograph Permission

I, the parent of _____, who is enrolled at Washington Montessori School, New Preston, CT, give my permission for photographs and video taping of my child to be used in school publications, advertisements, website and press releases.

Important! Please complete both sides of this form.

IN CASE OF EMERGENCY INFORMATION

Mother's Contact Information	Father's Contact Information
Name:	Name:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell:	Cell:
Email:	Email:

Doctor's Contact Number	
Name:	Phone Number:
Health Insurance	
Group Name:	Policy Number:

Name and Phone # of Person(s) (other than Parents) to be notified in the event we cannot reach you:
(It is important to choose people near enough to come pick up in case of illness or emergency.)

Name(s):	Phone Number (or Numbers):