

## Permission Form

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

**Special Activities Permission:**

Permission is hereby given for my child to go on field trips organized by Fox Valley Montessori School. I understand that I will be notified in advance of such field trips. *Please note: if your child is not over 8 years old, or 80 pounds, a car seat must be provided in order for your child to participate.*

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**Photographs (and Videotaping Consent)**

I give permission for Fox Valley Montessori School to take photographs or video of my child at school for use in the school yearbook, or on the website or for other publicity purposes.     Yes     No  
 You may identify my child by name.     Yes     No

**Emergency Treatment**

In the case of a severe accident or student illness, I authorize Fox Valley Montessori School to obtain emergency care for my child. I understand that I will bear financial responsibility for costs incurred.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**Medication**

For medication that needs to be administered, or as prescribed by a physician, it must be sent through the school office and verified with a medication permission form. A medication permission form must be filled out by the parent/guardian for each instance a medication is to be administered. Forms are available in the office.

**First Aid/Medication**

A limited amount of first aid can be administered at school. For wounds, all we can do is to wash it with water, apply ice, give TLC and apply a band aid. We cannot administer topical antiseptic. Any medication that is to be administered to a child **must** be brought to the office, in its original container, and an authorization to dispense medication must be signed by the parent. No medications should be sent in a child's backpack or lunchbox. All medications will be dispensed from the office.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**Student Directory**

I give my permission to list the information checked below in the Fox Valley Montessori School student directory:

Student's	Home	Home	Cell	Parent(s) and/or	
____ Name	____ Address	____ Phone	____ Phone	____ e-mail(s)	____ Guardian(s) name

Please let us know any specifics \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date