

St. Matthias Montessori Pre-school *Consent Form*

St. Matthias Montessori Pre-school strives to provide you and your child the best possible service. To assist in this process we are providing this consent form. Within it are several permission forms for your evaluation. Please review and fill out the following. If you have any questions or concerns regarding any portion, please don't hesitate to contact us for additional information.

We as parents/legal guardians, give our permission to the St. Matthias Montessori Pre-school for the following:

Emergency Medical Care Instructions

In case of illness or accident, I hereby authorize the St. Matthias Montessori Pre-school to obtain emergency medical care for _____ (Child's Name).

Preferred Physician _____

Address _____ Phone _____

Preferred Hospital _____

Address _____ Phone _____

Date: _____ Signature: _____

Child Pick-Up Permission

I authorize **only** the following individuals to pick-up my child when I am unavailable. My child will not be released to anyone unless they are listed below or we are notified in writing by the parents/guardians. Parents wishing to pick-up children must also have their names included on this list.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____ Signature: _____

Release of Information Permission

I authorize the St. Matthias Montessori Pre-school to release information about my child upon receiving notification regarding such an authorized request (typically from your child’s next school.)

Date: _____ Signature: _____

Field Trip Permission

Nature walks and field trips may be taken periodically. The St. Matthias Montessori Pre-school will provide responsible adult supervision for these excursions. Your signature will give your permission for your child to participate.

Date: _____ Signature: _____

Basic First Aid

Do you give consent to administer basic first aid to your child?

Please circle YES if you give consent and sign and date the bottom of the form.

YES I give consent to administer basic first aid.

CHILD’S NAME: _____

PARENT’S SIGNATURE: _____

DATE: _____