



**MEDICAL/PERSONAL
AUTHORIZATION
2015-2016**

I/We give authorization for Montessori Centres Staff to attend to the needs for _____ from August 10, 2015 to June 17, 2016. This includes any
(Child's Name)
necessary medical attention that may occur.

Parents signature

Date



**FIELD TRIP
CONSENT**

I/We give permission for _____ to participate in Montessori
(student's name)
Centres' field trips. I/we understand that my/our child may travel to scheduled field trips with
parent/family adult volunteers.

Parents signature

Date



**PHOTO
RELEASE**

I/We give permission for _____ to be photographed while
(student's name)
participating in Montessori Centres' activities. I/we understand that the photographs/images
may be used to help illustrate and explain Montessori Centres' educational programs.

Parents signature

Date

... where the love of learning begins