PERMISSION FORM

Child’s Name: ________________________________ Date: ______________

I give my permission for my child to go on field trips conducted by the South Loop Montessori School. Parents will be informed of the field trips in advance.

____________________________
Parent Signature

I give my permission for my child to be photographed for school publicity purposes.

____________________________
Parent Signature

I give my permission for my child to be given emergency first aid treatment in case of an accident.

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Parent Signature

I give my permission for my child to be taken to the hospital in case of an emergency.

____________________________
Parent Signature

I give my permission for involvement of my child in educational research done by the South Loop Montessori School.

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Parent Signature