



## PERMISSION FORM

Child's name \_\_\_\_\_

Address \_\_\_\_\_

*pre-primary and elementary* **FIELD TRIPS:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to participate in field studies/trips away from the school. I understand that the children will be placed in seat belts and transported by school van, private car, rental car or bus. Children may also walk to and from field trips.

*elementary only* **INTERNET RELEASE:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to have access to the world wide web through the classroom computers.

*all students* **MEDIA RELEASE:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission to photographers of MCDS students to photograph the above named student. It is my understanding that this photograph, or portions thereof, may be used for public view during in-house projects. As the pictures are for private use only, I agree to participate in this project without financial remuneration, and I understand that this releases any public or private photographer from any future claims as well as from any liability arising from the use of said photograph.

*all students* **NON-PRESCRIPTION MEDICATION:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to have non-prescription medicine dispensed with permission given by me in writing, and, when applicable, a dispensation form listing proper dosage signed by my child's doctor.  
*Non-prescription medicines must be properly labeled with your child's name and usual dosage (not to exceed manufacturer's recommended dosage) and must be kept in the classroom medicine container. Non-prescription medicines may include, but are not limited to: pain relievers, fever reducers, diaper rash ointments, saline drops, and antihistamines for allergic reactions.*

*all students* **INSECT REPELLANT:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to have insect repellent applied to him/her as needed.

*all students* **SUN SCREEN:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to have sun screen applied to him/her as needed.

*all students* **WATER ACTIVITIES:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to participate in water activities, including:  
\_\_\_\_\_ splashing pools \_\_\_\_\_ wading pools \_\_\_\_\_ swimming pools  
\_\_\_\_\_ sprinklers and water tables provided by MCDS.  
*Water activities make being outside bearable during the hot summer months in Houston. Swim lessons are offered as an extra-curricular activity for children three-years old and up. They are held at our private pool behind the Wichita Campus with a trained swim instructor and certified life guards. Specific dates, times and costs are posted in late spring.*

I understand that the teachers, assistants and instructors will do their utmost to safeguard the well-being of my child. I agree that Montessori Country Day School, the faculty, staff and students, will not be held responsible in case of accident.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian