



Consent Form

Child Name:

Please check all that apply:

EMERGENCY MEDICAL TREATMENT: I do hereby authorize Casa Montessori staff to facilitate necessary emergency medical treatment for my child for the duration of his/her enrollment in the program with the understanding that the family will be notified as soon as possible. This permission includes the administration of First Aid/CPR and/or the transportation of my child to the nearest hospital/facility for treatment by medical personnel.

List Allergies Below *(Please write none if this is not applicable):*

PHOTO PERMISSION: I give permission for my child to have his/her picture taken while enrolled as a participant in Casa Montessori. These pictures may be used for class newsletters to be distributed to current families only.

I give further permission for these photos to be used by Casa Montessori and for internal /external publicity and photos may be posted on the Casa Montessori Website (your child's name will not be stated in documentation).

TRIP PERMISSION: I hereby give Casa Montessori permission to take my child out on neighborhood walking trips for the duration of his/her enrollment in the program.

Please do not photograph my child.

Parent/Guardian Signature #1

Date

Parent/Guardian Signature #2

Date