

Snake River Montessori School

MEDICAL RELEASE for _____ **Date of Birth** _____

To Whom It May Concern: I hereby authorize the bearer, who is a member of the staff of the above-mentioned school, to sign any forms required in order to admit my child to emergency facilities at this medical center. I do so in order to insure that my child will receive prompt medical attention in the case of an emergency when I cannot reach the medical center in time. I hereby certify that I will be liable for all medical and hospital expenses incurred.

_____ I grant permission for my child to participate in all physical activities of the school.
Initial _____

_____ I grant permission for my child to participate in all physical activities of the school.
Initial _____ EXCEPTIONS: _____

Physician _____ Dentist _____

Phone _____ Phone _____

MEDICAL HISTORY

Repeated History of _____

Allergies _____

Indication of allergic reaction and/or the action to be taken

Taking Medication for _____ Name of Medication _____

PERMISSION FORM

Field Trip/Activities Permission:

_____ I give my permission for my child, _____ to participate in school-sponsored field trips during
Initial _____ the 2024-2025 school year. I understand that notification will be sent home prior to all planned field trips
and that I may withdraw permission for a planned trip if I so desire.

_____ I grant permission for my child to ride in a designated school bus rented by SRMS going to
Initial _____ and from field trips.

_____ I grant permission for my child to be included in school photographs taken at Snake River Montessori
Initial _____ School sponsored activities in connection with the school's publicity.

_____ I understand that my child is my responsibility, and not the responsibility of Snake River Montessori
Initial _____ School, prior to the commencement of class at 8:30 a.m. and at the moment of leaving the classroom at
dismissal time, unless he/she is to be in the Extended Care Facility, my child will be subject to my
supervision, not Snake River Montessori School, on the school grounds, and in the adjacent parking lot
prior to the commencement of classes or Extended Care, and after dismissal.

Parent's Signature _____ Date _____

Parent's Name (Please Print) _____

Medical/Field Trip Permission