

# 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 \_\_\_\_\_

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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 2025-2026 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