



2016-2017
PARENTAL CONSENT AND AUTHORIZATION FORM

Student's Name _____

Date of Birth _____

Mother's Name _____

Father's Name _____

1. AUTHORIZATION TO CONSENT TO RELEASE ADDRESS/PHONE NUMBERS/Email ADDRESSES

Villa Montessori School has my permission to release my home address and phone numbers or e-mail addresses to other Villa parents to make play date, carpool, or other social arrangements.

Mother's Signature

Father's Signature

2. AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

In the event my child becomes ill or injured at school or in a school related event and I cannot be reached, Villa Montessori School is authorized to have an ambulance take my child to a hospital and give consent for emergency care.

Preferred Hospital _____ Phone _____

Student is covered by private insurance program: Yes No

Insurance Company _____ Certificate Number _____

Name of Insured _____ Insured's Employer _____

Villa Montessori is not financially responsible for emergency care or transportation.

3. PHOTOGRAPHS

The Villa Montessori staff uses iPads in the classroom curriculum to take photos of the children for Montessori Compass and End of Year Portfolio purposes. By signing below, you grant permission for Villa staff to take photos of your child individually and in group photos. These group photos may be shared with other Villa parents through the Montessori Compass and End of Year Portfolio purposes only.

I permit Villa Montessori to photograph my child individually and in group photos. I give permission for these group photos to be shared with other Villa parents

Mother's Signature

Father's Signature

4. PARENT MANUAL RECEIPT ACKNOWLEDGMENT

We have received and read the parent manual and understand the School's policies.

Mother's Signature

Father's Signature