

Child's Name: _____ Date: _____

I give permission for my child to go on field trips conducted by Seton Montessori School. (Any off-campus travel will require a specific permission form to be signed for each field trip.)

Signature

I give my permission for my child to be given emergency first aid treatment in case of an accident.

Signature

I give permission for involvement of my child in educational research done by Seton Montessori. (i.e., observations by adults in Seton's teacher education programs)

Signature

In Case of Emergency:

Parent #1 Name: _____

Please provide phone numbers in the order of priority for reaching you in case of an emergency:

- | | | | |
|-------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Phone #: _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| 2. Phone #: _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| 3. Phone #: _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |

Parent #2 Name: _____

Please provide phone numbers in the order of priority for reaching you in case of an emergency:

- | | | | |
|-------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Phone #: _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| 2. Phone #: _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |
| 3. Phone #: _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |

Allergies: _____

If present, does allergy cause an anaphylactic reaction? Yes No

Medications: _____

Health Conditions: _____

Prohibited Foods: _____