

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my permission for myself and for my child to be photographed within the Parent-Child Community for posting on the Parent-Child Community's picture-sharing group.

\_\_\_\_\_  
Signature

I give my permission for myself and for my child to be photographed for school online and print-based publicity purposes.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature

I give my permission for my family's contact information to be included in a class list for distribution among class members.

\_\_\_\_\_  
Signature

I give my permission for involvement of my child in educational research done by Seton Montessori.

\_\_\_\_\_  
Signature