



rease provide phone numbers in the order of priority for reaching you in case of an emergency: 1. Phone #:	Child's Name:	Date:
I give my permission for my child to be given emergency first aid treatment in case of an accide Signature	I give permission for my child to go on fiel	ld trips conducted by Seton Montessori School.
Signature		Signature
In Case of Emergency: In Case of Emergency:	I give my permission for my child to be given	ven emergency first aid treatment in case of an acciden
In Case of Emergency: In Case of Emergency:		Signature
In Case of Emergency: In Case of Emergency:	I give permission for involvement of my ch	hild in educational research done by Seton Montessori.
ease provide phone numbers in the order of priority for reaching you in case of an emergency: 1. Phone #:		Signature
ease provide phone numbers in the order of priority for reaching you in case of an emergency: 1. Phone #:		In Case of Emergency:
1. Phone #:	arent #1 Name:	
2. Phone #:		
3. Phone #:		
ease provide phone numbers in the order of priority for reaching you in case of an emergency: 1. Phone #:		
ease provide phone numbers in the order of priority for reaching you in case of an emergency: 1. Phone #:	3. Phone #:	Home 🗖 Cell 🗖 Work
ease provide phone numbers in the order of priority for reaching you in case of an emergency: 1. Phone #:	arent #2 Name:	
2. Phone #:	ease provide phone numbers in the order c	of priority for reaching you in case of an emergency:
3. Phone #:	1. Phone #:	Home □ Cell □ Work
ergies:edications:	2. Phone #:	Home □ Cell □ Work
edications:	3. Phone #:	Home □ Cell □ Work
edications:	llergies:	
ealth Conditions:		
	ealth Conditions:	