

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

I give permission for my child to go on field trips conducted by Seton Montessori School.

\_\_\_\_\_  
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.

\_\_\_\_\_  
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: \_\_\_\_\_

Medications: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

Prohibited Foods: \_\_\_\_\_