

*Children's Garden Montessori School*  
2015 - 2016 School Year Authorizations

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL AND SURGICAL CARE**

In the event that my child is injured in an accident, or becomes seriously ill, and I or my designee cannot be reached, I hereby authorize Children's Garden, or any of its employees or representatives, to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. I accept financial responsibility for all costs associated with the conveyance of my child and for the treatment provided by the medical care facility to my child.

**IN CASE OF EMERGENCY PLEASE CONTACT:** *(please list in order)*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

**In the event of an emergency, it is our preference that care or treatment be provided at the following medical facility: *All information must be completed - leave no blank spaces. If no information is available, please indicate with "NA".***

Hospital Name \_\_\_\_\_ Address \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Materials and Activities Notification/Consent**

**The State of Colorado requires this disclosure for all Montessori schools.**

I understand that Children's Garden Montessori School utilizes the traditional Montessori Method and materials which include items made from wood, metal, glass, clay and ceramics. The **Primary (2 1/2-6 years old)** classrooms include items that are small enough to be swallowed or inhaled. I accept that these materials are present in my child's environment and that he/she may interact with these materials throughout the day. Furthermore, I understand that each class is staffed with Montessori certified teachers who are carefully trained on the proper use of these materials. My child has permission to access the classroom materials at Children's Garden Montessori School.

**Please initial to indicate that you give permission for the following:**

\_\_\_\_\_ (initial) **Authorization for Walking Field Trips**

My child has permission to participate in all the school activities, which may include walking excursions. I understand that teachers will accompany my child, the teacher to child ratio will be maintained and that no field trips will be taken in private vehicles.

\_\_\_\_\_ (initial) **Authorization to Photograph**

I grant permission for Children's Garden to use photographs and video recordings of my child in various school publications. I understand that no names will accompany any images.

\_\_\_\_\_ (initial) **Authorization to Use Images on Website/Facebook**

I grant permission for Children's Garden to use photographs and video recordings of my child on the school's website. I understand that no names will accompany any images.

\_\_\_\_\_ (initial) **Authorization for Applying Sunscreen**

I authorize the school to reapply sunscreen as described in Parent Handbook.

\_\_\_\_\_ (initial) **Authorization to Post Allergies**

I authorize the school to post in a prominent location, my child's name, diet restrictions, allergies and related information, if applicable.

**Enrollment is incomplete until this form is completed in entirety and signed by parent/guardian.**

**My signature indicates that I have read, understand, and agree to all of the information contained in this form.**

Name of Parent/Guardian (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_