



2018-2019 PERMISSIONS

Field Trip - Elementary Students:

I give my permission for my child, _____

to participate in school-sponsored field trips during the 2017-2018 school year. I understand that notification will be sent home prior to all planned field trips and that I may withdraw my permission for a planned trip if I so desire. I understand that there will be adult supervision on every trip and precautions will be taken to prevent injuries and accidents during the trip. However, I will not hold the school, its staff or the owners of the vehicles transporting the children responsible in the event of any injury or accident.

Model Release: The Charles Towne Montessori School and its designated agents have my permission to photograph my child; _____

during the course of the school year. I understand that these pictures will be used only for the school annual, publicity, and public relations work on behalf of CTM.

IF PERMISSION IS DENIED CHECK HERE

Medication Authorization: Should my child need medication; either prescription or OTC, I will provide this medication in its original container with the prescription attached. OTC medication will be in its original box. I understand that I will be required to sign a medical authorization form which gives the school permission to give my child the dosage as stated on the label for each medication that I would like to be given to my child.

SIGNATURE OF PARENT OR GUARDIAN

DATE
