

LECTURA MONTESSORI SCHOOL

PERMISSION FORM



Child's Name _____ Date _____

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

Yes No

I give permission for my child to be photographed, filmed, or video taped for school publicity purposes.

Yes No

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

Yes No

I give permission for my child to be taken to the nearest hospital for health care treatment in case of an emergency.

Yes No

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

Yes No

I give permission for my contact information to be listed in Lectura's Family Directory.

Yes No

Parent Contact Information

Parent/Guardian's Name _____ Phone _____

Employer's Name/Address _____ Phone _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Name _____ Phone _____

Employer's Name/Address _____ Phone _____

Parent/Guardian's Signature _____ Date _____