



# Student Consent Form

Student Name: \_\_\_\_\_

## **Consent for Emergency Medical and/or Surgical Treatment**

I hereby give permission for my child to receive emergency treatment by a staff member of Green Gables Montessori. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. If I cannot be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary by the physician to safeguard my child's health.

I give consent as stipulated for emergency medical treatment.

(circle one) Yes No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Off Campus Activity Authorization – Preschool Only**

While every effort to assure the safety of the student in off-campus activities and related transport will be made, it is understood that Green Gables Montessori, its agents and employees, are neither insurers nor guarantors of the student's safety. It is also understood and agreed upon that any off-premise activity and/or field trip results in increasing the student's exposure to potential risks of harm. By signing the authorization, the parent is representing that the student is physically capable to participate in off-campus activities including but not limited to walking, running, dancing, swimming and playing sports.

I authorize my child's participation in field trips as stipulated above:

(circle one) Yes No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Photography Release**

I hereby consent for my child to appear in photographs, video tapes, sound recordings, television films or other matter related to the advertising, publicity, social media, and fundraising purposes of Green Gables Montessori or its affiliated organizations, and I waive all claim for any compensation for such use.

I give consent as stipulated above:

(circle one) Yes No Initials: \_\_\_\_\_

## **School Directory Information Release**

I give consent for our family information (including name, address, phone number and e-mail) to be listed in the student directory which is distributed to all staff and students at Green Gables Montessori.

(circle one) Yes No Initials: \_\_\_\_\_

I assume responsibility for updating the above if it changes.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Relationship to child \_\_\_\_\_