



## PERMISSION FORM

Name of Child: \_\_\_\_\_ Date : \_\_\_\_\_

**The following permissions are for the entire time my child is enrolled at Montessori of Plainfield/Frankfort.**

I give my permission for my child to go on field trips conducted by the Montessori of Plainfield/Frankfort.

\_\_\_\_\_  
Signature

I give my permission for my child to be photographed for publicity purposes (including , but not limited to: our newsletter, Facebook page, website and advertisements).

\_\_\_\_\_  
Signature

I give my permission for my child to be given emergency first aid treatment.

\_\_\_\_\_  
Signature

I give my permission for my child to be taken to the hospital in case of emergency.

\_\_\_\_\_  
Signature

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Working Hours: \_\_\_\_\_