



Parent/Guardian Authorization Form

2018-2019

Child's Name: _____

I hereby authorize Cathedral Hill Montessori School ("CHMS") to:

- Engage my child in all of the school's activities. I understand that CHMS will take all reasonable effort to provide for the safety and well-being of my child. However, in the event my child receives injuries during any school-sponsored activity, through no fault on the part of CHMS, its agents, or employees, I agree to release and indemnify CHMS, its agents and employees from liability.
- Photograph my child for the Wednesday Weekly school newsletter, which is only distributed to currently enrolled CHMS families, staff and board members.
- Photograph my child for school brochures, CHMS Facebook page, school yearbook and news releases, without compensation. I understand that the photos will not be used for research nor sold by the school to any outside entity, nor will children's names be mentioned publicly.
- Include my home address, email address, and phone number to the other families with children attending CHMS via the CHMS School Directory and certain email or other communications. I understand that my home address, email address, and phone number will never be sold and will only be used for CHMS related communications.
- Allow the nurse consultant assigned to conduct CHMS's annual health consultation (per Dept. of Human Services Licensing Division regulations) to look at my child's health records on file here.
- Allow my preschool-aged child/ren (2.5 years - 6 years) to utilize the outdoor playground at Boyd Park during normal school hours while supervised by CHMS staff.
- Allow my child to take short supervised walking field trips. This includes walks to Boyd Park and around the neighborhood. In all cases, walking field trips will be during the normal school day.
- Allow my child supervised interaction with school pets, such as fish, small mammals, reptiles, amphibians, and birds, or other pets such as the backyard chickens owned by the Blessing family.
- Take my child on outings/field trips associated with the school curriculum. Permission slips will be issued for each field trip.
- Administer prescription and nonprescription medication upon receiving the parents' or physician's written instructions, once accompanied by a signed prescription or nonprescription medication form.
- To apply sunscreen, only if provided by parents (must be labeled with child's full name).
- To apply insect repellent, lip balm, lotions/ointments, upon request, only if provided by parents.
- Use tweezers to remove a splinter.

Parent/Guardian Name

Date