

MONTESSORI SCHOOL OF AURORA  
STATEMENT OF AUTHORIZATION

Child's Name \_\_\_\_\_

Individuals authorized to pick up your child:

Name \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE READ AND INITIAL EACH LINE.**

\_\_\_\_\_ **Medical:** I hereby give my permission to the Montessori School of Aurora to call an emergency team, doctor or other medical person or organization for medical or surgical care for my child or to have my child taken to a hospital should such need arise. If time permits, I understand that an effort will be made to locate my spouse or me before any action will be taken. If I/We cannot be contacted, any expense incurred by Montessori School of Aurora will be accepted by the undersigned.

\_\_\_\_\_ **Walks / Field Trips:** Notice will be given for short walks away from the school's property. Field trip permission and liability form must be signed, if not signed: Non-participating children will be placed in another classroom.

\_\_\_\_\_ **Photographs or Video Representation:** I give my permission for the Montessori School of Aurora to use any photograph or video representation of my child in news releases, brochures, or for other public relations purposes.

\_\_\_\_\_ **Find us on Facebook**

I give my permission allowing Montessori School of Aurora to post photographs and film of my child on Facebook.

\_\_\_\_\_ **Sunscreen Permission:** I give my permission allowing Montessori School of Aurora staff to apply Sunscreen to my child as needed. **By signing, I acknowledge that I have applied sunscreen to my child prior to the start of the school day.**

\_\_\_\_\_ **Movie Viewing:** I give my permission for my 24 month and older child to view "G" rated and Educational movies.

\_\_\_\_\_ **Mat Usage Permission:** I give my child permission to take a nap on a 2-inch mat. Mat, sheet and blanket are provided by Montessori School of Aurora.

I am aware that this mat and child will be placed on the floor during rest/nap times.

\_\_\_\_\_ **Nut Awareness:** I am aware that Montessori School of Aurora is an Allergy Aware School. The policy is that there is to be NO NUTS or PEANUTS on site. This includes products announcing: "processed in a facility that contains nuts."

Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Printed Name