

LAND PARK MONTESSORI SCHOOL

**5700 South Land Park Drive
Sacramento, CA 95822
(916) 429-1234**

Permission to Participate in School Activities And to receive Emergency Medical Care

Child's Name: _____ **School Year:** _____

I/We hereby grant permission for my child to use all of the play equipment to participate in all of the activities of Land Park Montessori School.

I/We grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in a vehicle authorized by the school.

I/We grant permission for my child to be included in evaluations and pictures connected with the school program.

I/We grant permission for the Director, Acting Director, or appointed staff member to take whatever steps may be necessary to obtain medical care if warranted. These steps may be including, but are not limited to the following:

1. Attempt to contact a Parent or Guardian.
2. Attempt to contact the child's Physician.
3. Attempt to contact you through any of the persons listed on the Emergency Card which you completed for the school.
4. If we are unable to contact you or your child's physician, we will do any or all of the above:
 - a. Call another Physician or the Paramedics.
 - b. Call an Ambulance.
 - c. Have the child taken to the nearest hospital (accompanied by a staff member).
5. Any expenses incurred under item 4 above will be borne by the family.
6. The school will not be responsible for anything that may happen as a result of false information given at time of enrollment.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

In addition, I/We hereby grant permission for the release of my child's name, home address and phone number to the parents of other students only (Class list).

Parent/Guardian Initial: _____