

Village Montessori Middle School Permission Form

Please read the following and sign where applicable.

This statement is for _____,
child's name

and only applies to the VMS Middle School program. Until revoked in writing, the below authorization will remain in force while under the care of VMS.

- **Field studies for the entire Middle School program**

Yes, I do give my child permission to leave the Village Montessori campus during class time. I understand that 1) that there will **always** be an adult in attendance, 2) that my child will sign in and out at VMS 4) that I will **NOT** be notified ahead of time of my child's departure, 3) I understand that if my child is injure while participating in a VMS field study, I agree and understand that liability arising out of said field study is assumed hereby and shall be at the sole and exclusive risk of the undersigned.

Parent Signature

- **COMPUTER & INTERNET USAGE**

Yes, I do give my child permission to...

- use the Internet while in class at Village Montessori School.

Yes, my child agrees to...

- Recognize the privacy of others; thus, will not try to learn the passwords of others or change, read, or use the computer files of other users.
- Use their personal folder to store all personal information, documents and files.
- Not access or download any information that is deemed inappropriate or offensive.

Yes, my child agrees that in using the Internet they will...

- Use it in view of others.
- Recognize that information on the Internet is not always accurate or reliable.
- Not check or send personal emails, play games, or visit non-work related sites during school hours. Emails will be limited to approved communication connected to schoolwork.
- Represent themselves online as they do in person by abiding by polite, socially acceptable and legal Internet practices.
- Protect friends, family, and themselves by never giving out their names, phone number, address, credit card information, interests, or school name online.
- Never arrange to meet another computer user face-to-face or speak on the phone with one. They will remember that people online may not be who they seem to be.
- Avoid sites that contain inappropriate or offensive material and if they come across a site like this that they will immediately close that site and tell an adult what happened.

Parent Signature

I understand that any deviation from the above may result from a temporary loss of computer privileges.

Student Signature

• **MULTI MEDIA**

Yes, I do give my child permission to be photographed, videotaped or interviewed for the purpose of promoting VMS, entertainment, or classroom observations.

Parent Signature

• **ALLERGIES/MEDICATIONS**

If my child has any allergic reaction he/she should be given Benadryl, or Benadryl cream, or hydrocortisone cream with my permission. Please circle which medication you allow and dosage for your child. Please indicate the weight of your child as well. ____ lbs. All prescription medications must be in original container with child’s name and dosage. You MUST fill out a medication form with any medications and turn both into the front office. It is my responsibility as a parent to ensure that prescribed medications and EpiPens are not out of date.

Parent Signature

EpiPen dates/medication dates

GENERAL WAIVER

Yes, I fully understand that a Montessori Middle School education allows my child to work unattended or handle items that might not otherwise be in a traditional school setting. I authorize my child to use these items and agree that they, along with VMS staff, will use their best judgment in the handling of said items. I release VMS along with its agents, employees, and owners of any liability. These items include, but are not limited to...

Art – sharp scissors, acrylic paint, X-Acto knives

Cooking – knives, gas cooktops and ranges, hotplates, fire/heat, blender, hand mixer, microwave, candles, matches, etc.

Science – acids, turpentine, ammonia, fire/heat, matches, bleach, sharp scissors, X-Acto knives, hot wax, experiments (i.e. volcano), etc.

Gardening – shovel, spade, trowel, hedge clippers, gardening shears, fertilizer, etc.

Woodworking – hammer, screwdriver, hand saw, chisel, hand drill, electric drill, oil and water based paints, lacquers and thinners, splintered wood, etc.

Physical Education – Frisbees, balls, badminton rackets, jump rope, pogo stick, trampoline, or moments of unattended time on the playground using the jungle gym, the swing set, or climbing apparatuses, etc.

Power Tools- With proper safety instruction and adult supervision

Parent Signature

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature

CHILD'S FIRST NAME: _____ LAST: _____

DATE OF BIRTH: _____

CONSENT TO AUTHORIZE MEDICAL TREATMENT FOR MINOR CHILD

I, _____, am the parent/guardian of minor child
Print your full name

_____ and am legally responsible for the well
Print child's full name

being of said minor child.

If Village Montessori School is unable to contact me in the event of an emergency, I hereby authorize an adult from Village Montessori School, inclusive, in whose care said minor child has temporarily been placed, to authorize the consent to any medical treatment, procedure, or provision of medication of any kind for said minor child, solely in the discretion and judgment of such above named adults, and to stand in my place in all respects concerning the care and provision of medical treatment to the minor child.

I hereby authorize any provider of medical services to rely on this consent form. I waive any claim against such provider with respect to any provision of medical treatment, including provision of medication, to such minor child, as instructed by the named adults to whom this power is granted, which claim would be based on an absence of parental consent for provision of medical treatment of minor child.

Parent Signature

During the period of the 2 year Adolescent Program, or until revoked in writing, the above authorization will remain in force while under the care of VMS.
