

Montessori Peaks Academy
A Jefferson County Public Charter School
Parent Permission Forms

Student's Name _____

Permission to Attend Field Trips

I give permission for my child to attend field trips with his/her class. I understand that the field trips may be walking or by school bus. I will be notified and will sign a permission slip for each field trip.

Yes _____ (initials) No _____ (initials)

Permission to Videotape and Photograph

There will be times during the year when we may videotape and photograph our classrooms and students. The videos and photographs will be used for staff training, parent workshops, medical publication, and to inform legislators, educators and other parents about our programs.

I give permission for my child named above to be videotaped and or photographed for the above reasons.

Yes _____ (initials) No _____ (initials)

Permission to View Video Movies

I give permission for my child to occasionally watch a children's video at preschool and elementary levels that connects with the curriculum. I understand that all movies viewed will be rated "G" and the title of any video shown will be posted in the classroom.

Yes _____ (initials) No _____ (initials)

Procedure for Transportation in a Medical Emergency

In the event of a medical emergency, my child will be transported by ambulance to the nearest hospital. I will be responsible for any costs associated with emergency transportation and medical care for my child.

Hospital of Choice _____

Address _____

Parent signature

Date

Phone number