

CONSENT AUTHORIZATION

Date Form Completed _____

Part I: PERMISSION GRANTING CONSENT

I give Springs East School permission to transport my child, _____

- 1) To (Hospital or Clinic) _____ for emergency medical care.
- 2) To (Dentist or Clinic) _____ for emergency dental care or to the nearest available source of assistance.
- 3) To and from Springs East School for reasons such as field trips and other special events.
- 4) To or from the Public School, in the event my child misses their Kindergarten bus.

Part II: REFUSAL TO GRANT CONSENT

I do not give permission to Springs East School to transport my child, _____ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken:

_____ (detail your wishes here)

SIGNATURE OF PARENT _____

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SOCIAL MEDIA PERMISSION

_____ I grant permission to have my child's picture included in the school social media on our school Facebook page and our school website.

_____ I do not want my child's picture included in the school Facebook page or on the school website.

SIGNATURE OF PARENT _____

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DIRECTORY PERMISSION

 Note: This directory is published **only** to parents and staff.

_____ I grant permission to have my child's name, address, and phone number included in the published school directory.

_____ I do not want my child's name, address, and phone number included in the published school directory.

SIGNATURE OF PARENT _____

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VERIFY THAT YOU HAVE READ OUR DISCIPLINE POLICY

_____ I have read the Discipline Policy in the Springs East Montessori School Handbook.

SIGNATURE OF PARENT _____

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