

STARGATE MONTESSORI

11782 HWY 44 East,
Mt. Washington, KY 40047

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school and to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to the following

- a) Call another physician or paramedics.
- b) Have the child taken to an emergency hospital in the company of a staff member.

Any expense incurred under #4 above will be borne by the child's family.

The school will not be responsible for anything that may happen as result of false information given at the time of enrollment.

The school will not assume responsibility for a child who has not been signed in upon arrival for the day.

Signed Date
Parent or Guardian

Signed Date
Parent or Guardian

MEDICAL AUTHORIZATION FOR
Name of Child

The undersigned, who are the parents or guardians having legal custody of the abovenamed minor, hereby authorize Stargate Montessori, into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the said minor by dentist licensed under the provision of the dental practice act.

The undersigned further authorize the abovenamed school to have the minor released into the custody of its representative should hospital care no longer be required and the parent and guardian is not present.

This form is used only in extreme Emergency, when said parents or guardians cannot be or are unavailable to be contacted.

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Date

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Parent or Legal Guardian Signature