A Place for Children to Explore, Experience and Wonder

PERMISSION SLIP AND MEDICAL AUTHORIZATION 2017-18

I/We give permission for my/our child ________________________________ to attend Mel-O-Dee Montessori Center sponsored field trips during the course of the 2017-18 school year, from September 5, 2017 through August 29, 2018. I hereby give my complete and explicit permission for the child identified above to attend ALL field trips. I understand that as a general practice Mel-O-Dee will notify me in advance of any such field trips through e-mail or through a written notice.

I hereby further authorize any adult person affiliated with Mel-O-Dee as a parent or teacher accompanying my (our) son/daughter on Mel-O-Dee sponsored field trips to secure for him/her any medical treatment, and administration of medication by any duly licensed physician, hospital, or emergency medical facility, as may be deemed necessary by reason of any accident, illness, or other medical emergency which may occur doing the course of the above described outing. I (we) hereby release Mel-O-Dee and any such parent or teacher from any liability whatever arising from any injury my (our) son/daughter may suffer during the course of the above described field trip, or from the securing of any medical attention pursuant to the provisions stated above, except for gross neglect or willful misconduct.

The undersigned hereby represents that I/we am/are the parent(s) or duly appointed guardian(s) of the child whose name appears above.

______________________________	______________________________	__________
Father/Mother or Authorized Guardian Signature	Print Father/Mother or Authorized Guardian Name	Date

In the event that we need to contact you, please list phone numbers in order of preference:

	Phone Number	Name of Contact
Contact 1:	______________________	______________________
Contact 2:	______________________	______________________
Contact 3:	______________________	______________________
Contact 4:	______________________	______________________

In case of an emergency:

- Does your child have a medical condition of which we should be aware (asthma, diabetes, etc.) ☐ Yes ☐ No
  If yes, please specify: ____
- Does your child take any medication while at school? ☐ Yes ☐ No
  If yes, please specify medication/times per day: ______________________________
- Does your child have any allergies? ☐ Yes ☐ No
  If yes, please specify: ____
- Name of health insurance company: ______________________________
- Name and phone number of child's physician: __________________________

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