

CONSENT FORM

I hereby consent to let my child, _____, to be taken out of the school for periodic, well-supervised field trips. A copy of field trips will be sent home and will be posted on our bulletin board a week before the date of the event.

Also, if I cannot be immediately contacted, I consent for my child to be given the necessary care should an emergency arise resulting from an accident or illness while he/she is in the care on White Pines Montessori Academy. I understand that the school will continue to contact me to discuss details of the emergency and any medical expenses incurred for such treatment are my responsibility.

Signature of Parent(s) / Guardian(s): _____

Date: _____