

**Kid's Town
Montessori School**

867 Sycamore Ave. Vista, C.A. 92081 Ph.# 760-598-5437(KIDS)

Authorization Form

Child's Name _____ Date of Birth _____

Parent's Name _____

Daytime Phone: Father's _____ Mother's _____

Home Phone # _____

Permission for Emergency Medical Treatment

In the event that I cannot be reached, I hereby give _____ do not give _____ my authorization for the facility director or person in charge to take my child to:

Name of Licensed Physician _____

Address _____ Phone # _____

or to (name of hospital or clinic) _____

Address _____ Phone # _____

Permission for Transportation

I hereby give _____ do not give _____ my consent for my child to be transported and supervised by facility's staff: **On Field Trips** _____ **To and from Home** _____ **To and from School** _____

Permission to participate in water activities

I hereby give _____ do not give _____ my consent for my child to participate in water activities:

Photo Permission

I allow _____ I do not allow _____ photos of my child to be taken during work time and professional picture days.

I allow _____ I do not allow _____ Photos of my child to be used for Kid's Town Montessori School's advertisement purposes including but not limited to different magazines, websites, yellow pages and brochures.

I certify I am a parent with legal control of the child. I understand that I must notify KTMS in writing to change any information on this form or to revoke any consent given herein.

Printed Name of Parent _____

Signature _____