

Spring Bilingual Montessori Academy

PARENTAL AUTHORIZATION FORM

GENERAL AUTHORIZATIONS

My child may be taken on walks, and on field trips and other school excursions during the year under required supervision. I agree to hold Spring Bilingual Montessori Academy (SBMA) harmless for any accident or injury to my child while on or off the premises of SBMA.

My child may be photographed for promotional, publicity or news purposes.

I authorize SBMA to list my name, my child's name, address and phone number in the Student Directory to be distributed to school families.

EMERGENCY AID AUTHORIZATION

In an emergency, SBMA has my permission to assist my child in the following ways:

- (1) To perform Basic Life Support (First Aid/CPR) upon my child.
- (2) To call an ambulance or to take my child to any available physician or hospital at my expense.
- (3) To obtain medical treatment for my child, except for these restrictions: _____

I DO NOT wish my child to receive any treatment.

Signature of parent or guardian	Child's Name	Date
---------------------------------	--------------	------