



Student's Name		Birthdate	
Address			
Mother's Name		Cell Phone	
Father's Name		Cell Phone	
Emergency Contact (Relationship to Child)		Cell Phone	

*Check*

*Initial*

<input type="checkbox"/> YES <input type="checkbox"/> NO	I give my permission for my child to go on field trips conducted by MONTESSORI SCHOOL OF LEMONT. I understand on days that field trips are conducted there will be no regular classes.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I give my permission for my child to be photographed, videotaped, and/or filmed for school for publicity purposes.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I give my permission for my child to be given emergency first-aid treatment in case of an accident.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I give my permission for my child to be taken to the hospital in case of emergency.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I give permission for my child to self-administer prescribed medication. "Self-Administration" refers to a pupil's discretionary use of his/her prescribed medication while at school. A Self-Administration Form must be on file.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I give my permission for involvement of my child in educational research by MONTESSORI SCHOOL OF LEMONT.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I understand that MONTESSORI SCHOOL OF LEMONT buildings are nut-free facilities and peanuts and tree nuts are prohibited on campus.	

PLEASE LIST ANY CONCERNS: *(If none please indicate N/A)*

Health Conditions	
Allergies	
Prohibited Foods	
Other	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_