



## Permission for Field Trips

I hereby give my child permission to go on any field trips or excursions planned by Northwest Montessori School and to use transportation provided by the school.

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Parent/Guardian Signature

Date

## Medical Information

Important Notice: State law requires all students to be immunized before they enter school. Please complete/update the immunization form and return it to the Main Office before the first day of school.

Please describe any health issues, including allergies, concerning your child:

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## Physician Information

\_\_\_\_\_  
(     )  
Name of child's physician                      Phone number                      Address

\_\_\_\_\_  
Date of last physical exam

## Dentist Information

\_\_\_\_\_  
(     )  
Name of child's dentist                      Phone number                      Address

\_\_\_\_\_  
Date of last dental exam

## CONSENT TO MEDICAL TREATMENT AND CARE OF MINOR CHILDREN

I, \_\_\_\_\_, hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified staff member at Northwest Montessori School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

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Parent signature

Date