



# Montessori Day School of Brooklyn

## CONSENT FORM

**Name of Student:** \_\_\_\_\_

Please check all that apply:

1. \_\_\_\_\_ **EMERGENCY MEDICAL TREATMENT:** I do hereby authorize the Montessori Day School of Brooklyn staff to facilitate necessary emergency medical treatment for my child for the duration of his/her enrollment in the program with the understanding that the family will be notified as soon as possible.
2. \_\_\_\_\_ **TRIP PERMISSION:** I hereby give the Montessori Day School of Brooklyn permission to take my child out on neighborhood walking trips for the duration of his/her enrollment in the program.
3. \_\_\_\_\_ **PHOTO PERMISSION:** I give permission for my child to have his/her picture taken while enrolled as a participant in Montessori Day School of Brooklyn programs. I give further permission for these photos to be used by the Montessori Day School of Brooklyn programs and for internal and external publicity. I understand that these photos may be used by the Montessori Day School of Brooklyn for its own brochures, pamphlets, newsletters and website publications and that such photos may be submitted to the press for publicity, news releases, feature stories and advertising of Montessori Day School of Brooklyn programs; or
4. \_\_\_\_\_ My child may be photographed, but do not release his/her name to the press. (Children are not identified by name for internal Montessori Day School of Brooklyn publications and fliers. From time to time, the press may ask for identification.)

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_