



**DEARCROFT MONTESSORI SCHOOL
INFORMED CONSENT**

Child's Name _____

In consideration of my child's attendance and participation in activities at Dearcroft Montessori School, I the undersigned, hereby acknowledge that certain risks are inherent in participation at school and in sports and recreational activities. I agree that Dearcroft Montessori School, and its directors, officers, employees, or agents shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, my child's participation at school. I understand that I am responsible for informing Dearcroft Montessori School and its directors, officers, employees and agents of any medical condition(s) my child has at the time of registration or acquires during their enrollment at the school. In the event of any medical emergency, I hereby give permission, selected by Dearcroft Montessori School and its directors, officers, employees and agents, to secure proper medical treatment for the person(s) named.

Signature of Parent _____ Date _____

Photo Release/Web Site Permission

I, hereby, give permission to Dearcroft Montessori School to use any photographs of my child on the school's web site, as well as for display in the school and/or school fairs and for school brochures and any other promotional material produced by Dearcroft Montessori School. At no time will any child's name be published.

Signature of Parent _____ Date _____

Personal Information Release

I, hereby, give permission to Dearcroft Montessori School to be included in the class address lists. I understand that this list will contain my child's name, address, telephone number and parent's names and email addresses and it will be given to each registered family at the school. If I wish to opt out of the list, I will provide Administration with written notice.

Signature of Parent _____ Date _____