



The Montessori School of Pullman

115 NW State St, Suite 112
Pullman, WA 99163



pullmanmontessori.org
509.334.4114

Permission Form

Child's Name: _____

Publicity Photos

I give permission for photos of my child to be used for the school website, social media pages and for educational and for publicity purposes as seen proper by the teaching and administrative staff of the Montessori School of Pullman. No names will be used. **Yes No**

Children's Art

I give permission for my child's art to be presented on the school's website and social media as seen proper by the school. The art will be presented with first name only. **Yes No**

Field Trips

I give permission for my child to go on Montessori School field trips. I expect to be informed via the newsletter, classroom bulletin board, or take-home notes prior to the trip as to the destination, planned activities and approximate duration of the field trip. I expect the staff to take precautions for my child's safety. I give permission for my child to walk to the parks, library, and nearby locations. The School will not transport children in automobiles. In the event of an accident I release the Board of the Montessori School of Pullman, Inc. from any and all liability. **Yes No**

Gym Use

I give permission for my child to use the Gladish gym for recess purposes. **Yes No**

Sunscreen, Lip Balm, Lotion and Hand Sanitizer

I give permission for staff to apply sunscreen, vaseline lip balm, hand lotion and/or hand sanitizer to my child. We recommend that parents provide hats and apply sunscreen each day to their children before arriving at School. We will make every effort to have sunscreen available to parents at the door. During cold weather months when lips and hands tend to become chapped, we will provide unscented hand lotion and vaseline lip balm as needed. **Yes No**

People Authorized to Pick Up Your Child (must be over 18 years old)

Please provide names and phone numbers of people permitted to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Guardian Signature: _____ **Date:** _____