



## MEDICAL/PERSONAL AUTHORIZATION

I/We give authorization for Lynn F. Boone to attend to the needs for \_\_\_\_\_  
from August 26, 2003 to May 31, 2003. This includes any necessary medical attention that  
may occur.

\_\_\_\_\_  
Parents signature Date



## FIELD TRIP CONSENT

I/We give permission for \_\_\_\_\_ to participate in Montessori  
(student's name)  
Centres' field trips. I/we understand that my/our child may travel to scheduled field trips with  
parent/family adult volunteers.

\_\_\_\_\_  
Parents signature Date



## PHOTO RELEASE

I/We give permission for \_\_\_\_\_ to be photographed while  
(student's name)  
participating in Montessori Centres' activities. I/we understand that the photographs/images  
may be used to help illustrate and explain Montessori Centres' educational programs.

\_\_\_\_\_  
Parents signature Date