

**LITTLE MIRACLES MONTESSORI  
PERMISSION FORM**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

all students **FIELD TRIPS:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to participate in field studies/trips away from the school. I understand that the children will be placed in seat belts and transported by school van, private car, rental car or bus. Children may also walk to and from field trips.

all students **INTERNET RELEASE:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to have access to the world wide web through the classroom computers.

all students **MEDIA RELEASE:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission to photographers of LMM students to photograph the above named student. It is my understanding that this photograph, or portions thereof, may be used for public view during in-house projects. As the pictures are for private use only, I agree to participate in this project without financial remuneration, and I understand that this releases any public or private photographer from any future claims as well as from any liability arising from the use of said photograph.

all students **INSECT REPELLANT:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to have insect repellent applied to him/her as needed.

all students **SUN SCREEN:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to have sun screen applied to him/her as needed.

all students **WATER ACTIVITIES:** I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give my permission for the above named student to participate in water activities, including:  
\_\_\_\_\_ splashing pools \_\_\_\_\_ wading pools \_\_\_\_\_ swimming pools  
\_\_\_\_\_ sprinklers and water tables provided by LMM.  
*Water activities make being outside bearable during the hot summer months in Houston.*

I understand that the instructors will do their utmost to safeguard the well-being of my child. I agree that Little Miracles Montessori, the faculty, staff and students, will not be held responsible in case of an accident.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian