General Authorization Form

2 Montessori Way
Camden, South Carolina 29020
Phone: 803.432.6828 Fax: 803.432.6422

Student Name _____ DoB_____

I. **Miscellaneous Permission Agreement**

Permission is required for the student to participate in school activities away from the school grounds. Prior notification of major field trips will be sent home with the student stating departure and return times and transportation arrangements. Impromptu trips when time does not permit prior notification will not be outside of the Camden/Lugoff area.

My child listed above may: (initial each item)
_____may be transported in a seatbelt/car seat by MSC-arranged means on all school field trips (excluding infants).
_____may be photographed for school projects, publications, and business such as newsletters, website and brochures and social media
_____may be photographed for school projects, publications, and business and have his/her photo shared with the Charter Institute at Erskine (CIE), MSC's authorizing body for publication on CIE's website, newsletters, brochures and social media

Additionally I agree
_____receive emails from MSC at the following email address: _____
_____recieve text messages from MSC at the following cell # (messaging and data rates may apply)

_____Carrier _____

If I deny permission for any of the above, I have attached a note to the Head of School stating the reasons for denial. This letter will remain a part of the student's permanent record until the parent or guardian sends a letter of revocation. My signature below and the initials above indicate full agreement to the above permissions.

_____	_____	_____
Parent's Printed Name	Parent's Signature	Date

II. Medical Emergency Care and Screening Permission

_____In the event that I cannot be contacted immediately, I hereby authorize the faculty and Head of School, representing The Montessori School of Camden (MSC), to give consent for any and all necessary emergency medical treatment for my child listed while my child is in that individual's custody. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

_____I agree to permit my child to undergo vision, hearing (audiometric), and speech/language screening by a certified screener or to provide proof of such screening conducted privately by a physician, optometrist, or other licensed professional as required by MSC.

If I deny permission for any of the above, I have attached a note to the Head of School stating the reasons for denial. This letter will remain a part of the student's permanent record until the parent or guardian sends a letter of revocation. My signature below and the initials above indicate full agreement to the above permissions.

_____	_____	_____
Parent's Printed Name	Parent's Signature	Date