

Versailles Montessori School
Authorization Forms / Student Pickup Release rev7/2021

Only the persons listed below may pick up my child, _____
from VMS, unless directed otherwise by phone, e-mail or note.

Relationship to child	Name	Cell#
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1. Parent / Guardian

2. Parent / Guardian

3.

4.

5.

6.

If the child is to be restricted from having contact with any other person, the parent must inform VMS in writing. Court documents, if available, will be required.

Parent Agreement

We, _____ & _____,

the parents/guardians of _____, have read Versailles Montessori School's Parent Handbook and agree to abide by those policies and requirements set forth therein. Failure to fulfill my obligations could jeopardize my child's enrollment status. I understand that when I enroll my child in VMS I agree to pay the full tuition for that session regardless of my child's attendance. Withdrawing or temporary suspension from the program does not relinquish my responsibilities for full payment of the enrolled session. If VMS fills your child's spot, further payments toward your child's tuition will not be required.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Each Guardian: Read and initial each statement below if in agreement.

After consultation with VMS staff/administration, if needed, permission is granted for third-party professional services at VMS (SPL/OT/Etc). _____

My child has permission to participate in all walking field trips on the VMS campus. _____

To help VMS advertise, I give permission for the following:

VMS has permission to use photos of my child for school promotions on printed media.

VMS has permission to use photos of my child, **without identifying her/his name**, on social media.

Examples include: the VMS website and Facebook. _____

Over

Medical Release

rev 7/2021

Versailles Montessori School, its employees and agents, have permission to seek emergency medical care for my child, _____, D.O.B. _____ and is authorized to admit him/her into a hospital. While emergency care is being administered, VMS will continue trying to contact the persons listed below. A photocopy of this form shall serve as well as the original.

Parent signature: _____

Date: _____

Parent signature: _____

Date: _____

Please initial - VMS has permission to administer to my child:

- Epinephrine or Benadryl if my child shows signs of an allergic reaction. _____ Yes _____ No

(A child may show their first sign of a life threatening allergy to nuts or stings while at VMS.)

- sunscreen/bug spray/chapstick/neosporin per directions _____ Yes _____ No

- diaper cream for my toddler _____ Yes _____ No N/A

Parent/guardian info

	Mother/Guardian	Father/Guardian
Full Name (name preference if different)		
HOME ADDRESS		
Work number		
Mobile number		
E-mail		

In an emergency, after trying the parents/guardian, contact the following people in this order:

	NAME	TELEPHONE	RELATIONSHIP
1.			
2.			
3.			
4.			

Doctor (name & number) _____

Hospital of Choice (include phone number) _____

Insurance Company _____

Policy number _____

Drug Allergies: (If none, "NKDA") _____

Food Allergies: _____

Additional Info: _____