



47 W. Polk St., Suite G15
Chicago, Illinois 60605
(312) 431-8050

www.southloopmontessori.org

PERMISSION FORM

Child's Name: _____

Date: _____

I give my permission for my child to go on field trips conducted by the South Loop Montessori School. Parents will be informed of the field trips in advance.

Parent Signature

I give my permission for my child to be photographed for school publicity purposes.

Parent Signature

I give my permission for my child to be given emergency first aid treatment in case of an accident.

Parent Signature

I give my permission for my child to be taken to the hospital in case of an emergency.

Parent Signature

I give my permission for involvement of my child in educational research done by the South Loop Montessori School.

Parent Signature