



Montessori School of Syracuse 2019-2020 General Release Form

Student's Name: _____

Date of Birth: _____

Must be returned to MSS by August 16, 2019

Field Trip Release: I give permission for my child to accompany his/her class on field trips and other "going out" activities. This includes permission for my child to be transported to and from a field trip by a member of the MSS staff or a volunteer driver. (Kindergarten through Sixth Level students only.)

Medical Release: In the case of a medical emergency that requires that my child be transported to a local hospital, I am providing contact information for their medical care provider below:

Doctor: _____ Phone: _____

In case of emergency, I understand that my child will be transported by ambulance to the most appropriate medical facility, usually Golisano Children's Hospital, to receive emergency medical treatment.

Use the space below to list and describe any of your child's **special medical circumstances** (allergies, physical challenges, etc.).

My child needs an Epi-pen, Inhaler or other emergency medication to be kept at school. Yes No

Sunscreen: MSS uses *Banana Boat Kids Tear Free/Sting Free SPF/UVB 50+ Fragrance Free UVA/UVB Protection*

_____ I will be applying sun block to my child before school.

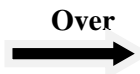
_____ I want my child to use MSS-provided sun block. (Warm months only)

Publicity Release: MSS has my permission to use photos/videos taken of my child for marketing materials to include publicity releases, social media, website, video, advertisements and /or publications for the promotion of the school and its programs. Student names will not be released to the media. (I understand that if I don't check this box my child's photo may still be used for internal school communications such as our weekly E-school news, classroom newsletters, or our MSS School newsletter.)

Booster Seat Exemption for Elementary Students: All students are required to use a booster seat when being transported in our school van(s) or other vehicle to any off-campus activities. Check this box if you would like to request that your child be exempt from using a booster seat. (Note that MSS must follow New York State law requirements.)

New York state law requires that all children 7 and under must use a booster seat with a lap and shoulder belt. The New York State DMV also recommends that children who are eight years old, and who are under 4'9" tall or weigh less than 100 lbs., use a booster seat. The main criterion for the transportation of children to off-campus events is that the lap belt in our school van (or any vehicle transporting your child) has to fit properly across your child's body.

Parent/Guardian Signature: _____ Date: _____



MSS 2019-2020 Contact and Transportation Form

	Parent #1 Name:	Parent #2 Name:
Employer		
Position		
Work Phone		
Cell Phone		
Home Phone		
E-mail*		

*Do not publish my e-mail addresses in the MSS School Directory.

If neither parent can be reached, whom may we call?

Name	Relationship to Child
Address	Phone Number(s)

Do you have **legal documentation** preventing any person(s) from picking up your child? Yes No
 If yes, please attach a copy for your child's file, and list below:

Name	Relationship to Child
Name	Relationship to Child

If someone besides a parent or guardian will be picking up my child, I will send a signed note to MSS and/or call the office (315.449.9033) or email the front desk (mssfrontdesk@gmail.com) before noon. We will need the person's first and last name, vehicle type and color, and a photo ID.

Bus Arrangements (if applicable): School District: _____

Morning Bus: Yes No **Afternoon Bus:** Yes No

Specific Authorization of Drivers: The following people are authorized to transport my child to or from school. If the transportation I have arranged for my child does not arrive and I cannot be reached, the following people can be called to take my child home from school. They will need to present a valid photo ID when picking up my child.

Driver:	Cell Phone:	Home phone:
Driver:	Cell Phone:	Home phone:
Driver:	Cell Phone:	Home phone:
Driver:	Cell Phone:	Home phone:
Driver:	Cell Phone:	Home phone:

Parent Signature: _____ Date: _____