

**THE HAPPY MONTESSORI SCHOOL**



**40 PLEASANT AVENUE  
PORT WASHINGTON, N.Y. 11050  
516-883-1131 FAX 883-8525**

**AUTHORIZATION AND CONSENT**

I give permission to The Happy Montessori School of Port Washington for my child \_\_\_\_\_ :

- To seek emergency medical treatment in the event that I cannot be contacted immediately; and/or
- To participate in field trips arranged by the School; and/or
- To be transported to and from the School.
- To have his or her likeness or photo appear in news and promotional materials for the School, including, but not limited to, the newsletter, newspaper articles, advertisements and the website.

(please check all that apply)

**Child's Doctor's Name** \_\_\_\_\_

**Doctor's Phone Number** \_\_\_\_\_

**Emergency Name and Number** to be called if parent cannot be reached

\_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_