



To be completed by school	
Start Date:	
Termination Date:	

Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_

**Permission for Administering Prescription or Over-the-counter Medicine**

I authorize BMS to administer prescribed or over-the-counter medicine to my child as per specified written instructions from the parents/guardians.

(To least disrupt your child's day, BMS gives medicine only once a day after lunch.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Directory Information Release**

I give permission to have my child's name, parents' names, home address, and telephone number listed in a directory to be given only to families (upon their request) of the children enrolled in the School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information Permission**

I authorize BMS to release information about my child upon receiving notification regarding such an authorized request (typically from your child's next school.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Field Trip Permission**

Nature walks and field trips may be taken periodically. BMS will provide responsible adult supervision for these excursions. Your signature will give your permission for your child to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sunscreen Permission**

Your signature will give your permission for teachers to apply sunscreen, as provided by parents/guardians, on your child when appropriate.

You need to supply a bottle of continues spray sun lotion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Picture Usage Policy**

We wanted to inform you BMS Student Picture Usage Policy. Your child's image or voice may be used in photographs, recordings, or video for internal use such as teacher training, as well as presentations given by the personnel at BMS.

Video or pictures may be utilized for activities relating to the enhancement and development of our teaching methods and teaching staff at BMS. Pictures of your child may also be utilized in presentations for new and prospective parents to BMS. Any picture that is used such a presentation will be selected to highlight the work in which children engage at Montessori, our class environment, activity or event. Information such as first or last names will not be utilized in any presentation. These pictures will be restricted for use at BMS and will not be available to others who are not directly affiliated with our school.

Yes, I understand that BMS may use pictures of my child for use in training and evaluation purposes of their staff as well as in presentations for new and prospective parents to BMS. I also understand that these pictures will be used solely at BMS. My signature below, acknowledges my permission that such usage of photographs/ videos/recordings may be used without compensation.

Student's Name \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns about this policy, please feel free to contact us.

**Student Picture Permission Form for Media Use**

It is the policy of BMS to obtain the permission from the parent/guardian before allowing any picture, video, or recording to take place of a child at BMS by a media outlet such as a newspaper, television station, or radio station. We do realize that some parents are apprehensive to this type of exposure. If you do not feel comfortable giving us permission to use such photographs, please feel free to decline.

Student's Name \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BMS Student Picture Permission Form for Website and Publications**

It is the policy of the BMS to obtain the permission from the parent/guardian before using any picture of their child in any informational publications or on our website. If you chose to grant us permission to use pictures of your child, there will be no reference to your child's first or last name, address or any other personal information. Pictures would be selected that highlighted the work children engage in at Montessori, our class environment, activity, or event. We certainly do realize that some parents are apprehensive to this type of exposure. If you do not feel comfortable giving us permission to use such photographs, please feel free to decline. We appreciate your consideration in this matter.

Student's Name \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_