



MLMS PROGRAM AUTHORIZATION FOR EMERGENCY TREATMENT

If, for the duration of my child's enrollment, my child, _____, should become ill or injured at Mountain Laurel Montessori School or during a field trip sponsored by the school, I understand that the staff of Mountain Laurel Montessori School will

1. contact me immediately, or
2. contact the person(s) I have designated, if I cannot be reached.

Should Mountain Laurel Montessori School be unable to reach me or the person(s) designated, Mountain Laurel Montessori School is authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Signature of Parent or Guardian: _____ Date _____

MLMS PROGRAM PARENT AGREEMENT FOR EMERGENCY PICK UP AND ILLNESS NOTIFICATION

If, for the duration of my child's enrollment, my child, _____, should become ill or injured at Mountain Laurel Montessori School and the illness or injury does not require emergency treatment, I understand that the staff of Mountain Laurel Montessori School will

1. contact me immediately, or
2. contact the person(s) I have designated, if I cannot be reached.

If the staff of Mountain Laurel Montessori School deems it necessary for my child to be removed from the classroom due to illness or injury, I agree that my child will be picked up by me or someone designated by me within one hour of notification. I also agree that my child will not return to school until my child's condition has improved so that he/she is no longer contagious (as evidenced by no vomiting within 24 hours of last incidence and/or absence of fever of over 100 degrees, without fever-reducing medication) and is able to participate in the normal activities of the school day.

If my child is to be absent for any reason, I agree to notify Mountain Laurel Montessori School by 8:00 a.m. each day my child will be absent. I further agree to inform Mountain Laurel Montessori School within 24 hours of the next business day after my child and/or any member of my immediate household has developed any reportable communicable diseases of childhood (a list of these diseases can be found in the School Handbook and is available through the Warren County Health Department). I authorize Mountain Laurel Montessori School to notify the Virginia Board of Health when necessary for the health and well-being of their staff, students and community at large.

Signature of Parent or Guardian: _____ Date _____

MLMS ELECTRONIC COMMUNICATION AGREEMENT

I understand that Mountain Laurel Montessori School uses email and the school website as the most effective means of communication for most information regarding school policies, schedule changes, and events. I agree to provide the school with at least one valid email address, check messages at least once a day, and to check the school website at least once a week. I agree to notify MLMS of any changes to my/our email contacts in a timely manner, and that email contact information will be reviewed during annual student registration.

Signature of Parent or Guardian: _____ Date _____

MLMS PERMISSION TO PARTICIPATE IN FIELD TRIPS

I understand that children may participate in school field trips. My child, _____, has permission to participate in all field trips sponsored by Mountain Laurel Montessori School. I understand that the school will notify me in advance of any field trips in which my child will participate. I understand that I will provide a car seat or booster seat if requested. If a car seat or booster seat is not provided as required, my child might not be able to participate in the trip.

Signature of Parent or Guardian: _____ Date _____