

McCormick Montessori Child Care Center
Multiple Permission Form

Student Name: _____

Parents/ Guardians are asked to carefully read the following information and sign, giving consent to all listed areas.

1. Student Medical Details:

I understand that:

- It is my responsibility to inform the Center of, and provide the Center with any management plans for my child's medical needs (e.g. allergy, asthma, anaphylaxis, etc.).
- Where students require ongoing medications, parents/guardians are responsible for providing accurate written information regarding dispensation. All medication must be clearly labeled with the student's name and required dosage in the original packaging.
- If medication needs to be administered by a staff member, a medication form must be filled in and signed by a parent/guardian. These forms can be found in the main office.
- To ensure that all records are complete and current, it is my responsibility to inform and provide the Center with medical and vaccine updates in relation to my child.

2. Food Allergies/ Restrictions:

I understand that my child will participate daily in the eating of food (i.e. lunch and snack time) and the occasional prepping or handling of food items during celebration or learning activities.

- It is my responsibility to inform the Center if my child suffers from any allergies or religious restrictions.

3. Sunscreen: I understand that during the summer months, it is my responsibility to apply sunscreen to my child before he/she arrives at the Center. I give permission for the Center to re-apply sunscreen as needed. I will inform the Center if special accommodations are needed.

4. Contact with Animals: I understand that occasionally my child may come in the contact with live animals (e.g. classroom pets, petting zoo). I will inform the Center if special accommodations are needed.

5. Bringing Personal Items to School: I understand that personal items and equipment (e.g. toys, electronics, bikes, strollers, etc.) brought to school are not covered by any insurance and Swedish Covenant Hospital will not pay for any loss or damage of such property.

6. Taking photographs or videos of children: I understand that for privacy purposes, I may not take pictures or videos of any children while they are in the care of the Child Care Center.

I have read and agreed to items 1 - 5:

Name: _____ (parent/guardian)

Signed _____ Date _____

**Please contact the office if further clarification or discussion is needed.

PLEASE CHECK THE BOX AND SIGN THE FOLLOWING SEPARATELY

1. Photographs and Videos Taken at School:

Within the School

Photographs and videos are taken with Center-owned electronics (e.g. iPads, camera, etc.) to record daily activities, as well as special occasions. These images are used for classrooms activities (e.g. artwork, Montessori works, etc.) and to share with parents.

- I do / do not give permission for my child's image to be taken for use in classroom activities.

Signed: _____

Date: _____

Within the Wider Community

The Center maintains a password-protected Shutterfly website, where photographs and videos of the children are posted so families can see the children's activities while at the Center. In addition, family contact info (i.e. phone number and email, not addresses) is listed to help parents communicate with one another. The Center's calendar of events is posted, and reminders sent to families of upcoming events. The site can only be viewed by members of the site, and only edited by the Directors of the Center. Families are granted access to the site upon enrollment at the Center (by the Directors), and terminated upon departure. (The Center reserves the right to remove an individual from the Shutterfly site if their conduct is deemed inappropriate or disrespectful)

- I do / do not give permission for my child's image to be on the Center's Shutterfly site.

Signed: _____

Date: _____

- I do / do not give permission for my family's email and phone number to be on the Center's Shutterfly site.

Signed: _____

Date: _____

2. Local Walking Excursions:

From time to time throughout the course of the year, a staff member will take your child, and/or groups or class, out of the Center for a local walking excursion (e.g. around SCH campus, River Park, Galter Life Center, Peterson Community Garden, Budlong Public Library). The children will walk to the venue under supervision, and remain under supervision at all times.

- I do / do not give permission for my child to attend any local walking excursions throughout the school year. In the event of an accident or illness to my child, I authorize the staff in charge to consent, where it is impossible to communicate with me, to my child receiving such medical treatment as may be deemed necessary.

Signed: _____

Date: _____

3. Sharing Information with Parents/ Guardians:

The Directors and Lead Teachers at the Center have their own Swedish Covenant Hospital email accounts and like to email families on a routine basis. These emails will generally contain pictures and/or progress notes on a child, and are a beneficial way the staff can communicate to families what children are doing at the Center. Any emails sent from the Center are subject to the same security protection and/or risks as any other emails families receive.

- I do / do not give permission for Center staff to email me information (including personal and/or confidential information) regarding my child. I understand any potential security risks.

Signed: _____

Date: _____

- I do / do not give permission for Center staff to email me pictures of my child. I understand any potential security risks.

Signed: _____

Date: _____

**Please contact the office if further clarification or discussion is needed.