

Please fill-in and sign all three sections

**PERMISSION TO USE EMERGENCY PLAN
PERMISSION TO REMOVE CHILD FROM THE SCHOOL**

I give permission to GREAT BEGINNINGS Montessori School to take whatever emergency (e.g. first aid/CPR, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the school.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit (police, rescue squad) for treatment as deemed necessary. The child will be transported at the expense of the parent/guardian.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Bridgeport Hospital - 267 Grant St., Bridgeport: Emergency: 203-334-3566

General: 203-384-3000

Immediate Health Care - 1055 Post Rd, Fairfield: 203-259-3440

Signature _____ Date _____
Parent or guardian

GENERAL PERMISSION SLIP

I (We) give permission for my child _____ to attend field trips during the school year. The school will notify you specifically of our destination and times before each trip. In addition, your child's class may also take unannounced, short, local walks off the school property

Signature _____ Date _____
Parent or guardian

**ADDITIONAL PERSONS WITH PERMISSION TO PICK UP MY CHILD
(Other than your Emergency Contacts)**

I give the following persons permission to pick up my child from school:

<u>Name</u>	<u>Relationship</u>	<u>Telephone number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____