



MONTESSORI OF FRANKFORT

12 WEST SAUK TRAIL
FRANKFORT, IL 60423
815.469.3030

www.montessorioffrankfort.com
linda@montessorioffrankfort.com

PERMISSION FORM

Name of Child _____ Date _____

I give my permission for my child to go on field trips conducted by the Montessori of Frankfort.

Signature

I give my permission for my child to be photographed for publicity purposes.

Signature

I give my permission for my child to be given emergency first aid treatment.

Signature

I give my permission for my child to be taken to the hospital in case of emergency.

Signature

Father's Name _____ Employer _____

Phone _____ Working Hours _____

Mother's Name _____ Employer _____

Phone _____ Working Hours _____