

Extracurricular Parent Waiver

I understand that the information on file for my child during the school year will be used for extracurricular programs (emergency contacts, authorized pick ups, etc), and that if I want a change I need to notify the Director of Montessori Enrichment.

I understand that my child's epi pen and/or medication will **not** be available in the extracurricular program.

I understand that the extracurricular providers are not a part or affiliated with RMS with the exception of RMS staff and parent-run programs.

I give permission for RMS to release my child into the care of extracurricular providers. If my child is in the extended day licensed program, I release my child to the extracurricular provider.

I give permission for my child to be treated for minor illness or injury. I understand that the extracurricular provider may have CPR, First Aid or epi pen training.

My acceptance of the terms and conditions outlined in the "Parent Waiver for Extracurricular Programs.pdf" is treated by Richmond Montessori School as a physical handwritten signature on a paper form.

Parent Name as signature: _____