



Richmond Montessori School
a world of difference

Summer RMS Parental Permission Form

Child's name - please print: _____

Circle:

Child's t-shirt size: Xsmall small medium large Adult small

My child's photo may be used for RMS promotional materials and in RMPA projects

Yes No

Drug/Food/Other Allergies or Health Concerns:

I understand that the information on file for my child during the school year will be used for summer (emergency contacts, authorized to pick up, etc), and that if I want to make a change I need to notify the camp Director.

If my child is a new RMS student or a non-RMS student, I agree to provide the information and documentation requested before my child attends camp.

In the event that I cannot be contacted, I authorize preliminary treatment for my child. I understand that if my child becomes ill, I will be notified and expected to pick up my child immediately.

I understand that I must notify RMS within 24 hours of reportable communicable disease of my child or a household member.

I give my permission for my child to attend camp in any space at Richmond Montessori School. I understand that not all spaces at the school are included in the license from Social Services, and attendance at any camp held elsewhere on the property is considered a field trip from that space.

I give my permission to RMS to post my child's allergies or food aversions.

I understand that RMS will issue no refunds after May 15th.

My acceptance of the terms and conditions outlined above is treated by Richmond Montessori School as a physical handwritten signature on a paper form if sent digitally.

Parent/ Guardian Signature Date

Printed Name

**Please return signed form to Darlene Marschak by email or hard copy.
This form is required for camp attendance.**