

## 2017-2018 Signature Form

Students Full Name (please print) \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should any injury occur, I grant permission for my child to receive emergency medical treatment from an appropriate health provider to be selected by the adult supervisor of the activity, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact me are unsuccessful. I also agree to pay and be responsible for all medical, hospital, or other expense which SVMS and/or adult supervisors may incur as a result of securing such treatment. This remains in effect until the child is withdrawn from SVMS.

Parent/Guardian Signature \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

I agree and hereby do release and hold harmless Swannanoa Valley Montessori School and/or any and all adult supervisors for the activity from and for all liability which may arise from damages, loss or injuries, either to person or property, which my child may sustain while engaged in activities conducted on or off campus including, but not limited to, any damages, loss or injuries that may be sustained through transportation to or from the activity.

Parent/Guardian Signature \_\_\_\_\_

### ANNUAL FIELD TRIP RELEASE

All SVMS students may take walking field trips. I give my permission for my child to participate in field trips within walking distance of the school. I understand that I will be notified in advance of these walking field trips.

Additionally, Kindergarten and Elementary classes take field trips both within Buncombe County and outside of Buncombe County. This permission slip is for all these field trips throughout the current 2017-2018 school year. **You will be notified of all field trips before they occur.** All field trips are planned, organized and supervised with the students' welfare first and foremost. All field trips are supervised by SVMS staff and parent volunteers.

I hereby certify my approval for my child (as named above) to attend field trips for the 2017-2018 school year. I understand that my child will be transported by another parent in a private vehicle or in a school van. All students will be required to wear seat belts.

Parent/Guardian Signature \_\_\_\_\_

### CONFIDENTIALITY AGREEMENT

While volunteering at Swannanoa Valley Montessori School, you will at times be exposed to confidential information regarding students and/or staff. This information can come to you in a variety of forms, such as verbal or written information or an incident that you observe. It is imperative that such information be kept confidential for all parties involved. By signing below, you agree that you will keep confidential any such information you witness while volunteering at SVMS.

Parent/Guardian Signature \_\_\_\_\_

**\*\*\* Turn form over - More on other side \*\*\***

## 2017-2018 Signature Form

### PHOTO RELEASE ACKNOWLEDGMENT

I do hereby give permission to SVMS to use photos of my child from class, workdays and other school related events in promotional material, including but not limited to the school web page and brochures, and including family members who may be photographed at these events. I also acknowledge there will be no compensation paid for the use of such photos.

Parent/Guardian Signature \_\_\_\_\_

### NORTH CAROLINA CHILD CARE LAW AND RULES FORM RECEIPT (2 ½ - 6 YEAR OLD PARENTS ONLY)

I acknowledge receipt of the form entitled North Carolina Child Care Law and Rules.

Parent/Guardian Signature \_\_\_\_\_

### DISCIPLINE POLICY

I do hereby state that I have received and read the school's Discipline Policy and all of my questions have been answered. I agree to support the School's policies regarding student behavior.

Parent/Guardian Signature \_\_\_\_\_

### PARENT CONTACT INFORMATION RELEASE

We request permission for our personal contact information to be included in the Family Directory distributed to all school families. We also ask that you respect the privacy of all families and hold personal information in strict confidence.

I do give permission to be included (\_\_\_\_\_) I do not give permission to be included (\_\_\_\_\_)

Parent/Guardian Signature \_\_\_\_\_

### SHAKEN BABY SYNDROME PREVENTION POLICY

I acknowledge that I have received and read a copy of the Swannanoa Valley Montessori School Shaken Baby Syndrome Prevention Policy.

Parent/Guardian Signature \_\_\_\_\_

Date of all Signatures on this form \_\_\_\_\_