Informed Consent

Maria Montessori Academy Parental Permission Slip

This is an Informed Consent Form for Minors, which identifies risks of participating in the Maria Montessori Academy Field Trips, and a Consent for parents/guardians.

| take a moment to initial the fieldto specific fieldtrips will become ava | educational and recreational fieldtrips during the 2017-2018 school year. Please rip(s) that you would like your student to attend. Further information regarding tilable as the date draws nearer. If you later decide you do not wish your student to tur responsibility to inform the school and your student's teacher. |
|---|---|
| August 30, 2017 August 31, 2017 | WSU Challenge Course University Village 1321 E 4600 S Ogden, Utah 84403 Far south side of parking lot entrance |
| along public roadways and into and what is required, including | nt's participation in this activity, which involves traveling by foot on sidewalks ersections. Students are expected to familiarize themselves with the activity rules of conduct for the activity. Students are expected to follow proper g safety procedures as outlined by the activity supervisors, plus any sed school employee. |
| | Student Consent |
| I, | , acknowledge that I have familiarized myself with what is required to llow the rules of conduct, will follow the operating procedures, and will follow any school representative. |
| Signature of Student | |
| | Parental Consent |
| The undersigned, the legal guard Maria Montessori Academy unde school's junior high library days, | r eighteen years of age, in consideration of student's participation in each of the |
| physical and or emotional harm of | is activity may involve moderate to strenuous physical activity and may cause or distress to participants. There may also be associated health and safety risks. I any known heart, respiratory or other health problems that could prevent student the activities. |
| Consent is expressly given, in the opinion of the attending physician | e event of injury, for any emergency aid, anesthesia and/or operation, if in the n, such treatment is necessary. |
| | rstand the contents of the foregoing language and I specifically intend it to a this activity for each of the scheduled days. |
| Parent Name | Date |
| Signature of Parent | (Parent or legal guardian signature) |
| | r arcın or icyal yuarulan signature) |