

**Informed Consent
Maria Montessori Academy
Parental Permission Slip**

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

The lower elementary classes will be attending Clark Planetarium during the 10/11/19 school day. Please take a moment to **INITIAL** that you would like your student to attend. Further information regarding the field trip are available on the cover letter. If you later decide you do not wish your student to attend the field trip, it is your responsibility to inform the school and your student's teacher.

Initials ____ 10/11/2019

**Discovery Gateway Clark Planetarium
110 400 West Salt Lake City**

Injury may result from a student's participation in this activity, which could involve traveling by foot on sidewalks along public roads and intersections, as well as swimming. Students are expected to familiarize themselves with the activity and what is required, including rules of conduct for the activity. Students are expected to follow proper operating procedures including safety procedures as outlined by the activity supervisors, plus any directions given by an authorized school employee.

Student Consent

I, _____, acknowledge that I have familiarized myself with what is required to participate in the activities, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized school representative.

Signature of Student: _____

Parental Consent

The undersigned, the legal guardian of _____ (hereinafter "student"), a student at Maria Montessori Academy under eighteen years of age, in consideration of student's participation, do hereby agree to this consent.

I recognize that participation in this activity may involve moderate to strenuous physical activity and may cause physical and or emotional harm or distress to participants. There may also be associated health and safety risks. I state that the student is free from any known heart, respiratory, or other health problems that could prevent student from safely participating in any of the activities.

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I understand the Maria Montessori Academy cannot give and/or assign rides to students and is my obligation to find or provide my child with transportation to and from activities.

My Child will be transported to and from the field activity by:

Name of Individual transporting my child

**** Also sign on back ****

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover student's participation in this activity for each of the scheduled days.

Parent Name_____Date_____

Signature of Parent_____