## **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.

Please take a moment to initial the specific fieldtrips will become availa	several educational and recreational fieldtrips during the 2018-2019 school year. fieldtrip(s) that you would like your student to attend. Further information regarding able as the date draws nearer. If you later decide you do not wish your student to responsibility to inform the school and your student's teacher.
October 23	Hogle Zoo 2600 Sunnyside Ave SLC, UT
October 25	Loveland Aquarium 12033 Lone Peak Parkway Draper, UT
sidewalks along public roadways the activity and what is required,	s participation in this activity, which could involve traveling by foot on s and intersections. Students are expected to familiarize themselves with including rules of conduct for the activity. Students are expected to follow luding safety procedures as outlined by the activity supervisors, plus any d school employee.
	Student Consent
I,	, acknowledge that I have familiarized myself with what is required to w the rules of conduct, will follow the operating procedures, and will follow any chool representative.
Signature of Student	
	Parental Consent
The undersigned, the legal guardia Maria Montessori Academy under of to this consent.	n of (hereinafter "student"), a student at eighteen years of age, in consideration of student's participation, do hereby agree
physical and or emotional harm or	activity may involve moderate to strenuous physical activity and may cause distress to participants. There may also be associated health and safety risks. I ny known heart, respiratory or other health problems that could prevent student ne activities.
Consent is expressly given, in the expressly given, in the exprision of the attending physician,	event of injury, for any emergency aid, anesthesia and/or operation, if in the such treatment is necessary.
	tand the contents of the foregoing language and I specifically intend it to his activity for each of the scheduled days.
Parent Name	Date
Signature of Parent	(Parent or legal guardian signature)
	(Farent of legal guardian signature)