



Child's Name: _____ Date: _____

AUTHORIZATION TO APPLY NON-PRESCRIPTION MEDICATION

The teachers of Weymouth Montessori Pre-school have my permission to apply the following topical, non-prescription medication to my child as indicated below:

- _____ Sunscreen-during periods of exposure to sun
- _____ Bacitracin-to prevent infection in a cut or scrape
- _____ Vaseline- to soothe chapped lips or very dry skin
- _____ Any topical ointment supplied by me to be applied to my child for a specific condition

Parent Signature _____ Date _____

FIELD TRIP AUTHORIZATION

I give permission to Weymouth Montessori Pre-School to take my child on field trips. I understand that the school will give me at least one day's notice of any field trips.

Parent Signature _____ Date _____

PHOTOGRAPH RELEASE

I, _____ give Weymouth Montessori Pre-School permission to use my child's photograph in newsletters to be distributed to parents and placed on the school web site.

I, _____ DO NOT give Weymouth Montessori Pre-School permission to use my child's photograph in newsletters to be distributed to parents and placed on the school web site.

Child's Name _____

Parent Signature _____ Date _____