

TRANSPORTATION

I hereby authorize the staff of Bridges Montessori School to transport my child:

_____ to and from specified field trips.

Signature of Parent or Guardian

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to me this _____ day of _____.

Notary Public

My commission expires _____

Emergency Medical Care

I hereby authorize the staff representing Bridges Montessori School, Inc, to give consent for any and all necessary emergency medical treatment to my child:

_____ while said child is in said individual's custody.

Signature of Parent or Guardian

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to me this _____ day of _____.

Notary Public

My commission expires _____

Authorization