

Medical Authorization

Montessori School of Louisville reserves the right to immediately call emergency Medical services in the event of serious or life-threatening illness or injury. I hereby authorize the administering of any treatment deemed necessary and/or the transferal of my child to a hospital where treatment can be administered promptly. Parent or guardian signature below authorizes Montessori School of Louisville to seek emergency medical care for my child. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity of such surgery are obtained before such surgery is performed.

Child's name

Parent/Guardian signature

Date

Blanket Waiver

Montessori School of Louisville students access the outdoor green space behind the Springhurst building and paved lot areas during their work cycle and PE/recess. This waiver allows for your children to have access to these and other areas deemed safe and appropriate for work and play under staff supervision.

I, the undersigned Parent/Guardian of _____ hereby authorize my child to be allowed to work/play in the areas around the Springhurst facility as deemed appropriate by MSL staff.

Child's name

Parent/Guardian signature

Date

Montessori School of Louisville, Inc. – a nonprofit organization

Mission & Vision - We ignite the child's innate love of learning in a diverse and nurturing community by integrating authentic Montessori philosophy with contemporary research-based educational methods. We empower each individual to make knowledgeable, responsible, and peaceful contributions to the global community.

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