



In the event that I cannot be reached, I give consent for medical emergency treatment for my child(ren) for which I will be financially responsible. I hereby give permission to the physician selected by the school staff to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

It is expressly understood and agreed that MMS shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of MMS acting within the scope of his/her employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I grant permission for image and likeness (e.g. photo, name, quotes) of my child to be used in publications by MMS.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with full payment for classes, to:

Montessori Middle School  
P.O. Box 413  
Louisville, TN 37777

The school is located at 3725 Louisville Rd, 2.5 miles *beyond* the intersection of Louisville and Topside Roads, on the left just before the ball field.

Students will need to bring: lunch with drink (water fountain is available) and sun hat/sunscreen.