

MONTESSORI PEAKS ACADEMY FIELD TRIP PERMISSION SLIP

Dear Parent,

Your signature on this note gives _____ the privilege of joining his/her class on a school outing/field trip to: _____ on _____.

The class will leave school at _____ and return at approximately _____.

We would like your child to have this educational opportunity. Your encouragement in proper conduct would be appreciated. Adult supervision will be provided.

Transportation will be by: school bus/van car .

Parent/Guardian

Signature _____ Date _____

Please return this permission slip to the classroom by _____.

AUTHORIZATION AND CONSENT TO TREAT MINOR

Pursuant to Colorado Civil Code, The undersigned do hereby authorize Montessori Peaks Academy Principal or such substitute as he/she may designate as agent for the undersigned to consent to X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for

_____ which is deemed advisable by and to be rendered under general or special supervision or physician and surgeon licensed under the Provision of Medicine Practice Act or any Dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

The authorization will remain effective while the above minor is en route to or from or involved in participating in the event listed above, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

Parent/Guardian Signature _____ Date _____

AUTOMOBILE
STUDENT
TRANSPORTATION FORM

This information is confidential and must be kept on file in the principal's office.

The purpose of this form is to give authorization to and provided vehicle information for a driver to transport students by private vehicle during the dates listed below. The district and/or Montessori Peaks Academy does not insure privately owned vehicles.

It is mandatory that all drivers in Colorado have automobile insurance. MPA will need a copy of your drivers' license and insurance. If you plan to provide transportation for an outing or field trip, you must sign the following certification:

Name of Driver _____

Date(s) Students will be Transported by Private Vehicle _____

Destination _____

Any licensed driver 17 years or older may be authorized to drive participating student s to approved school activities, provided the vehicle driven meets the conditions outlined below:

1. The vehicle to be driven will be in good operating condition.
2. The vehicle has liability insurance coverage that meet is the minimum standards of the Colorado Financial Responsibility Law.
3. The number of passengers carried shall not exceed the capacity of the vehicle. Vehicle capacity shall not exceed nine passengers.
4. All students must wear seat belts. No students under 12 may ride in the front seat of a vehicle with air bags and all students weight under 40 pounds must ride in the back seat of the vehicle in an approved car or booster seat.

The insurance company providing coverage for my vehicle is:

_____ Policy # _____

I verify that the condition outlined above will be met by the vehicle used on this student travel experience.

Drivers Signature _____ Drivers license Number _____

Date _____

Principals Signature _____