



2850 Bloor St West Toronto ON  
416.234.9127

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905.891.6912

## AUTHORIZATION AND RELEASE FORM

TO: PRINCE EDWARD MONTESSORI SCHOOL

RE: \_\_\_\_\_  
(Name of Student)

In the event that we cannot be reached at a time of illness or an accident, or if the urgency of the matter is such that time does not allow for immediate contact, we hereby authorize Prince Edward Montessori School to contact the physician mentioned on the child's Admission Form. If by any case, the physician specified couldn't be reached, permission is therefore granted to the school to call a licensed physician of its choice.

We also realize, that even under close supervision, young children will have occasional accidents. Therefore, we will not hold Prince Edward Montessori School, its agents and employees accountable for any and all charges, damages, and/or other liabilities for any impairment to my child, which is not a result of negligence on part of the school, its agents or employees, or are entirely beyond the control of the school, its agents or employees.

I hereby grant permission for my child to participate in all school activities, including outdoor activities, walks and educational outings, under the supervision of a qualified staff member.

Signature of Parents or Guardians

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Legal guardian if applicable)

\_\_\_\_\_  
(Date)