



**MMM Student Visit Day: Info / Permission Form**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School/Class: \_\_\_\_\_ Current year in school: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Phone numbers for today: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
*(These are in case of emergency or urgency. Please list two numbers.)*

Parent Email Addresses: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
*(These could be used for follow-up communication after the visit.)*

Any food allergies or safety issues we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for my child to participate in the classroom activities and field trips of Metro Montessori Middle School (MMM). I also grant permission for photos to be taken of my child for admission purposes. (We will not post or share pictures.)

I also grant MMM / Childpeace, its staff members and any parent or other volunteers participating in an activity, to obtain emergency medical treatment for my child, as they deem necessary or appropriate, and agree that MMM / Childpeace, its officers, directors, staff members, and volunteers shall not have any liability for taking such action.

Your signature below is an acknowledgement that you recognize that risks are inherent in some activities and that, on behalf of your child, you agree to assume and accept all of the risks associated with your child's participation in the activity and any related transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Childpeace Parents, choose one:

\_\_\_\_\_ I prefer to pick up my child at 3:10 (end of the MMM visit).

\_\_\_\_\_ I prefer that my child be walked to Upper EL at the end of the MMM visit, 3:10.