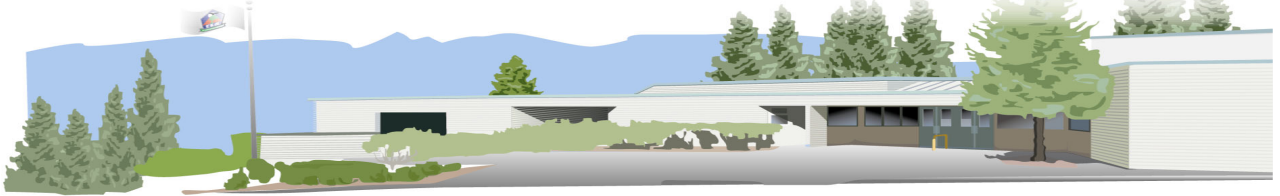




# EAGLE RIDGE MONTESSORI SCHOOL



~Striving for excellence while guiding children on the path towards independence and responsibility.~

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## FIELD TRIPS – PERMISSION SLIP

**Please complete this Permission Slip and return to the school office. Please be assured that we will inform you of specific details when Field Trips are determined.**

### To: Eagle Ridge Montessori

I hereby give permission for my child \_\_\_\_\_ to attend  
(CHILD'S NAME)  
field trips arranged by Eagle Ridge Montessori School.

In the event of an emergency while my child is on a field trip, I can be contacted at:

\_\_\_\_\_ or \_\_\_\_\_

Alternate contact is \_\_\_\_\_ PHONE: \_\_\_\_\_  
Name

In a medical emergency, I authorize the school to obtain medical treatment for my child, including routine tests, x-rays, hospitalization, injections, anesthesia or surgery.

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Medical Insurance Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date