



General Consent Form

I give permission to Stonebridge Montessori School for the following for my child:

- Yes No Child's information (name, address, phone number, parent(s) name) to be included in a class directory to be distributed to families in my child's classroom.
- Yes No To photograph, video or record my child for the purpose of demonstrating his/her lesson development, individual class or school photographs, outings and/or other special occasions. I give the school the right to exhibit, distributed use otherwise of said material. This includes postings to the Stonebridge Montessori School website and/or Facebook Page.
Note: Children will NOT be identified in the photographs/videos nor will names be used in any of postings by any staff member for any reason.
- Yes No Staff member to apply community sunscreen and bug repellent before outdoor activity ies
- Yes No I understand that permission for the above is in effect until withdrawn in writing or until my child no longer attends Stonebridge Montessori School.

Child's Name: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____