



Annual Authorizations for Enrolled Students

These Annual Authorizations are for my/our child, _____, for the 20__ - ____ school year, and are issued by:

Parent/Guardian: _____

Parent/Guardian: _____

1. Emergency Care

Although the Emergency Care Recommendation of the parent/guardian will be respected to the greatest extent possible, I/we understand in the final disposition of an emergency case, the judgment of the School's authorities will prevail. I/We agree the School's authorities may authorize the physician of their choice to provide emergency care in the event of an emergency.

Signature: _____

Signature: _____

Date: _____

Date: _____

2. Permission to Administer Benadryl*

I give permission for one dose of liquid, dye-free Benadryl to be given to my child in the case of an allergic reaction. Medicine will be administered according to the package instructions for dosage.

Signature: _____

Signature: _____

Date: _____

Date: _____

** Information Regarding EpiPens: A recent law passed in North Carolina encourages schools to stock epinephrine auto-injectors in order to treat allergic reactions to previously unknown allergens. Potential sources of first time reactions include, but are not limited to, foods and insect stings. We have taken the initiative to obtain auto-injectors to have on hand. The purpose of this medication is to treat our students and staff who may have an allergic reaction that could not have been predicted. If your child has a known allergy that puts him/her at risk for anaphylaxis, you will still be required to provide appropriate medications along with an individualized allergy action plan.*

3. Media Policy

I/We recognize that by virtue of being a Greensboro Montessori School student, my/our child may be photographed and/or videotaped. And further, my child's name, face, likeness, voice, appearance, art and/or work may be used in internal communication, including but not limited to: printed and digital communications sent to the School's newsletter subscribers; printed and digital classroom communications; and live video streaming to our community of on-campus and school-sponsored events.

I/We understand that my/our child's first name, face, likeness, voice, appearance, art and/or work may also be used in Greensboro Montessori School's external publicity, advertising and promotional materials, with the understanding that the School is committed to safe and responsible practices and will never use personal identifying information that might compromise my/our child's privacy. For external publicity, advertising and promotional materials, last names will not be used without first securing my/our explicit, written permission (with the exception of the yearbook which will include students' first and last names). I/We acknowledge and agree that no financial remuneration is expected for these uses, and release the School from and against any and all claims arising out of these uses. I/We understand that I/we may opt-out of my/our child's first name, face, likeness, voice, appearance, art and/or work from being used in external publicity, advertising and promotional materials by providing written notice to the School, attention Jillian Crone.

Signature: _____

Signature: _____

Date: _____

Date: _____

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www.thegms.org