

PERMISSION FOR GARDEN AND WOODS PLAY

Spruce Pine Montessori School has permission for my child, _____, to play outside of the fenced area on school grounds. Activities may include gardening, hiking or playing games on the upper sports field. These activities will be supervised by the Lead and/or Assistant Teacher.

Please initial the typical scenario for your child:

_____ TODDLERS may explore the woods or garden in pairs or as a group, walking together as one. One teacher leads the front of the group while the second teacher walks in the back. Toddlers are within reaching distance of one of these teachers at all times.

_____ PRIMARY students may explore the woods in small groups and be out of the teacher's reach, but within eyesight, and within the designated boundaries discussed with the students.

_____ ELEMENTARY students will explore the woods as a group and are typically within the teacher's eyesight, but are at times only within earshot, and within the designated boundaries discussed with the students.

_____ AFTER-SCHOOL students will follow guidelines for the youngest person in attendance or split into age-appropriate groups to explore the woods.*

Please initial if your child is allowed to:

_____ Use child-size hand-held gardening tools, such as spades, rakes or hoes.

_____ Use adult-size gardening or landscaping tools, such as loppers, rakes or shovels.

_____ Eat food straight from the garden, such as peas, tomatoes or cucumbers.

_____ Eat blueberries or other edible plants, planted along the woods trail.

_____ Climb rhododendron bushes or trees, at a height up to five feet or less.

Parent Signature _____

Date _____

PERMISSION TO ADMINISTER SUNSCREEN, BUG SPRAY AND HAND SANITIZER

Child's Name: _____

SUNSCREEN

Brand Name of Sunscreen: Kiss My Face Kids SPF 30 or Blue Lizard Australian Sunscreen, SPF 30+, Baby

Dates to be given: 8/1/2016 to 8/1/2017

Sunscreen should be used:

On sunny days only Each day only OR Each time my child goes outside

Sunscreen should be applied to cover:

All exposed areas of skin OR Face/Neck Arms/Hands Legs/Feet

BUG SPRAY

Brand Name of Bug Spray: Repel Lemon Eucalyptus Insect Repellent

Dates to be given: 8/1/2016 to 8/1/2017

Bug Spray should be used:

Only when insects are present Each day my child is in the garden or in the woods

Bug spray should be applied to cover:

All exposed areas of skin OR Face/Neck Arms/Hands Legs/Feet

HAND SANITIZER

Brand Name of Hand Sanitizer: All Terrain Natural Kids Sanz Sanitizer

Dates to be given: 8/1/2016 to 8/1/2017

Typical Usage: Hand sanitizer will be used when there is no access to running water, and washing hands is necessary, such as in the playground after "water play" or for afternoon snack. Hand sanitizer will only be used on the hands. Please initial _____.

Parent's Signature _____ Date _____

PERMISSION FOR FIELD TRIPS AND WALKS

Spruce Pine Montessori School has permission for my child, _____, to go on walks and hikes beginning at the school. Typical walks might be to the Spruce Pine Library, to Riverside Park or in downtown Spruce Pine. These walks will be supervised by the Lead Teacher and may or may not include another adult.

In addition, I give permission for my child to accompany his/her class on day trips to extend the classroom experience. These trips will be supervised by the Lead Teacher and other accompanying adults, typically parents of students at the school. This permission includes riding in the car of one of the supervising adults and/or riding on the Mitchell County Transportation Van. It covers local travel to locations as far as a one-hour drive from the school. You will be notified about travel plans for these kinds of field trips at least 48 hours in advance.

Parent Signature _____ Date _____

PERMISSION FOR MEDIA IMAGES

SPMS has permission to use my child's photograph for public relations and/or advertising purposes, including newsletters, brochures, newspaper articles, the SPMS website, Facebook page and press releases.

Parent Signature _____ Date _____