



Student Release Form

125 Olde Greenwich Dr., Suite 100
Fredericksburg, VA 22408
Phone: 540/891-9080 • Fax: 540/891-9877

Note: This release will remain in effect throughout a student's enrollment at Odyssey Montessori or until a revised release form is issued.

Child's Full Name: _____ **Child's Nickname:** _____

Mother/Guardian: _____ **Father/Guardian:** _____

Home Address: _____

Phone Number: _____ **Date of Birth:** _____

Infection Control Policy

In order to help minimize the spread of communicable diseases, the school has enacted the following policies in accordance with state regulatory requirements:

1. Parents/guardians must notify the school if their child has contracted any of the following diseases: chickenpox, bacterial pink eye, diarrhea diseases, fifth disease, hepatitis, HIV or AIDS, measles, meningitis, mumps, head lice, pertussis, rubella, scabies, streptococcal diseases (strep throat, scarlet fever, impetigo), ring worms of the body.
2. Parents/guardians must notify the school if anyone living in a students' household has contracted any of the communicable diseases named above.
3. If a child shows any of the symptoms of a communicable illness (those named above or others), parents/guardians should keep the child home until the symptoms are gone or until a physician says it is acceptable to attend school.
4. If a child displays symptoms of a communicable illness during the school day, parents/guardians will be asked to pick up the child from school immediately. It is imperative that parents/guardians respond promptly in order to prevent the spread of illness.
5. Children who have had a temperature higher than 100.5, vomiting or diarrhea should not return to school until 24 hours after symptoms subside.
6. Students are expected to maintain good hygiene. Parents will work with the school to encourage hand-washing, appropriate self-care.

I have read, understand and agree to abide by the infection control policy.

Signature: _____ **Date:** _____

Permission to Participate in Outings

My child has permission to participate in school outings. My child has permission to travel on field trips as appropriate, by foot, public transportation, chartered vehicle and parent-driven vehicle. I understand that by signing here I am granting permission for outings for the entire span of my child’s enrollment. I understand that the school will provide advance notice of field trips and that I may withdraw my permission for a planned trip if I so desire. I understand that in cases when my child does not participate in a field trip I may be asked to provide alternative care for my child that day. I understand that my child must be properly restrained when riding in regular passenger vehicles while on field trips. If my child is younger than 8 years old, I agree to provide a child safety seat for use on field trips and understand that my child will be excluded from the trip if I fail to provide a seat when needed. I understand that if my child behaves inappropriately on a field trip, he/she will be excluded from field trips for the remainder of the school year. I understand that if my child’s behavior is inappropriate on a field trip, I may be asked to pick him/her up immediately at the field trip site.

Signature: _____ **Date:** _____

Media Opt-out

Only parents who do not wish for their children’s names or photographs to appear in print, video or audio media should complete this section. Please circle any media opportunities from which you would like to exclude your child:

Please exclude my child from the media opportunities circled below:

- | | | |
|-------------------------------------|--------------------------------|------------------------------|
| School Pictures | Newsletters | School Promotional Materials |
| Student Writing & Art Opportunities | Newspaper School Notes Columns | Newspaper Articles |
| Radio Programs | Television Programs | |

Signature: _____ **Date:** _____

Permission to Use Personal Grooming Kit

The Department of Social Services requires that the school obtain permission from parents for children in licensed programs to use certain items. While this requirement specifically pertains to early childhood and extended-day students, all parents should sign below. I give permission for my child to use items that may be included in the personal grooming kit, including nail clippers, nail brush, comb/brush, tooth brush, tooth paste, lip balm, and lotion.

Signature: _____ **Date:** _____

Permission to Use Sunscreen

I understand that that Odyssey Montessori does not generally apply or provide the opportunity for students to self-apply sunscreen during the school day. Parents who wish their children to use sunscreen should apply long-acting sunscreen at home. Only in cases where sunscreen use is considered medically necessary and a medical professional has completed a medication administration form will sunscreen be applied at school on a regular basis. In such cases, parents should be advised that a staff member will apply sunscreen for children in the early childhood classes, and agree to hold the school harmless with regard to such application. Other students with a medical need for regular sunscreen use during school will apply their own sunscreen under the supervision of an adult. In all such cases, sunscreen of at least 15 SPF will be provided by the family. Elementary and secondary students who attend extended outdoor field trips will be expected to use sunscreen of at least 15 SPF on a regular basis throughout the trip. Staff will monitor application of sunscreen provided by the family.

Signature: _____ **Date:** _____