



*accompanying the Child to authorize such medical attention for the Child as may be deemed appropriate by said representative of Phoenix Montessori being unable to reach the parent/guardian or emergency contact.*

*The undersigned agrees to authorize medical personnel and/or hospital to administer medical and/or surgical services including anesthesia and drugs. The undersigned agrees to bear the costs of all medical care and procedures required by the Child. The undersigned also agrees to maintain appropriate medical insurance coverage, if necessary, for the student while attending summer day camp.*

*The undersigned hereby releases Summer Day Camp at Phoenix Montessori School, its respective directors, officers and employees from any claim arising out of any medical treatment the Child may require.*

*I have carefully read this Medical Waiver and I understand the terms and conditions of it and agree to be bound thereby.*

I understand that the outdoor form that I signed for the 2019-2020 school year, permits that my child be allowed to enjoy things such as nature walks, the local playground and the library during camp hours **off of** the school's property.

Signature of Parent/Guardian

Parent:

Date:

**Withdrawal policy:**

There is no reduction or refund in fees in case of withdrawal, dismissal, absence, cancellation, termination or non-attendance. The Phoenix Montessori School reserves the right to terminate a child's enrollment if the Administrator decides it is to the benefit of the child, the class as a whole, and/or the camp program. We, the parent(s)/guardian(s), acknowledge the withdrawal policy and enroll our child in the Phoenix Montessori School's Summer Day Camp for the week(s) as shown.

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Parent signature