Parent Release Form for Child's Medical Care

I hereby give the following Hershey Montessori School staff members, permission to seek medical care for my child _____
Child's name
in my absence.

_____
Parent signature Date

<u>Staff members must show proof of identification with a valid driver's license.</u>

Mike Ard
Tania Bertolone
John Buzzard
Robyn Dill
Brian Hart
Kendra Cueto Hilario
Laurie Ewert-Krocker
Nate Ewert-Krocker
Ginger Hofstetter
Laura Jolliff
India Keller
Katie Laskey
Paula Leigh-Doyle
Rachel McKinney
David McNees
Ana Montanye
Edward Ryan
MarySue Ryan
Jennifer Snead
Judy Venaleck
Wes Wilson