



**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

**Staff members must show proof of identification with a valid driver’s license.**

- 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