

**GENERAL PERMISSION SLIP FOR ELEMENTARY SCHOOL
SCIENCE EXPERIMENTS**

Montessori Institute of San Diego
(Facility's Name)

(Today's Date)

Child's Name _____
(Last) (First)

I give permission for my child to participate in all science experiments throughout the 2013-2014 school year. I understand that the MISD staff and teachers will provide the appropriate training and protection (as required) so that all children are safe.

As such, I do hold harmless MISD staff and teachers and any volunteers representing the school from all claims, damages, or other liabilities for injuries to the child which are not the result of gross negligence by school staff or parent volunteers.

signature of parent/guardian

date