



BROOMFIELD MONTESSORI PRESCHOOL PARENT/GUARDIAN CONSENT FOR VISITING SPECIALISTS

Communication is key between parents/guardians and Broomfield Montessori Preschool LLC regarding a child's work with Specialists. *(examples such as, but not limited to, speech and occupational therapists, counselors, advocates, and mental health workers)*

In order to best serve children's needs, there may be times when it is appropriate for a Specialist to visit a child while in our care. This visit may be on site, not virtual. The visiting specialist may bring your child to another room and while working with your child and thus out of our staff's supervision, responsibility and care. Your consent will give us permission for the listed Specialist(s) to visit your child at our center and work with them in the classroom or one on one.

All Visitors MUST provide proof of identification and sign into our Visitor Log.

I give permission to Broomfield Montessori Preschool LLC to allow:

(Name of Specialist, Agency, Center)

Purpose of Work

To visit my child _____
(child's name) (child's DOB)

on _____
(day(s) week) (approximate time)

****If there is additional information or documentation you would like to provide with this consent, please make a copy to attach to this form and this will be filed confidentially in your child's file.***

(Parent/Guardian Signature) (Date)

(Director Signature) (Date)