



410 Totten Pond Road, Waltham, MA 02451 | AdvancingMilestones.com | P: 781-895-3200 | F: 781-895-3226

Parent/Guardian Consent

By signing this agreement, I _____ (parent/guardian name) acknowledge that I have carefully read and fully understand all documents provided to me regarding Milestones' policies, procedures and placement agreement. I freely and knowingly assume the risk to waive my rights concerning liability as described contained therein.

I, _____ (parent/guardian name), am the parent/guardian of _____ (student name), who attends Milestones Day School. I have the legal right to consent to and, by signing below, I do consent to the terms and conditions of documents provided regarding COVID-19.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____