

2020-2021 Emergency Contact / Parental Consent Form

Child's Name

Date of Birth

Child's Address

Parent/Guardian Name

Parent/Guardian Name

Primary Phone #

Primary Phone #

Address

Address

City, State, Zip Code

City, State, Zip Code

Parent's email address

Parent's email address

Place of employment

Business Phone #

Place of employment

Business Phone #

Business Address

Business Address

Emergency Contact Persons

Primary Emergency Contact

Secondary Emergency Contact

Telephone number when child is in care

Telephone number when child is in care

Secondary Emergency Contact

Secondary Emergency Contact

Telephone number when child is in care

Telephone number when child is in care

After parents, please name person(s) to whom child may be released

Name

Address

Phone Number

Name

Address

Phone Number

Name

Address

Phone Number

Medical History and Information	Permission for Administration of Acetaminophen and/or Ibuprofen
	I / We, _____
Name of Child's Physician/Medical Care Provider	hereby give permission for Montessori Country Day School to administer
Address and Phone Number	(select one)
Allergies (environmental/medicine)	_____ acetaminophen
Dietary preferences/food restrictions/food allergies	_____ ibuprofen
Disabilities/special needs of child	_____ either
Is child on medication? If yes, please list above.	_____ none
Any additional information needed in the event of an emergency situation	in the event that my/our child has a fever. If either of these are administered, it will be documented by school staff.
Health Insurance/Medical Assistance Benefits	Parent Signature
Policy Number	Date

Parent's Signature is required for each item below to indicate parental consent.

Permission to administer minor first-aid procedures: _____

Permission to obtain emergency medical care: _____

Permission to take walks off the premises: _____

(Parents of toddler/pre-school/pre-kindergarten/kindergarten students will be notified in advance if there are any plans to do this.)

Parent/Legal Guardian signature: _____

Parent/Legal Guardian signature: _____

Date: _____

PLEASE CONTACT THE OFFICE IF YOU MAKE ANY CHANGES TO THIS INFORMATION THROUGHOUT THE SCHOOL YEAR. THANK YOU.

****Periodic review (to be done in February 2021.) Please make changes directly on the form and sign below.**

Parent/Legal Guardian signature: _____

Parent/Legal Guardian signature: _____

Date: _____