



A Place for Children to Explore, Experience and Wonder

2017-18 IDENTIFICATION, EMERGENCY INFORMATION AND MEDICAL RELEASE FORM

CHILD	NICKNAME	DOB	SEX
ADDRESS		CITY/ZIP	
PLEASE INCLUDE CHILD'S NAME IN SCHOOL DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO			

PARENT/GUARDIAN INFORMATION

PARENT/GAURDIAN	PARENT/GUARDIAN
HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE
EMPLOYER	EMPLOYER
POSITION	POSITION
WORK PHONE	WORK PHONE
EMAIL	EMAIL
HOME ADDRESS IF DIFFERENT	HOME ADDRESS IF DIFFERENT
PLEASE INCLUDE MY INFORMATION IN SCHOOL DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE INCLUDE MY INFORMATION IN SCHOOL DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY INFORMATION

CHILD'S PHYSICIAN	PHONE
ADDRESS	
CHILD'S DENTIST	PHONE
ADDRESS	
MEDICAL INSURANCE CARRIER	INSURANCE NUMBER

NAME/PHONE NUMBER/ADDRESS/RELATIONSHIP OF PEOPLE WHO CAN BE CALLED IN EMERGENCY IF PARENTS CANNOT BE REACHED - TWO CONTACTS REQUIRED
OUT-OF-STATE CONTACT (NAME, PHONE NUMBER, RELATIONSHIP)

PERSONS AUTHORIZED TO VISIT, CALL, OR PICK UP CHILD FROM SCHOOL (NAME & RELATIONSHIP)	
1.	2.
3.	4.

IN CASE OF AN ACCIDENT OR EMERGENCY, I AUTHORIZE A STAFF MEMBER OF MELODEE MONTESSORI TO TAKE MY CHILD TO THE ABOVE NAMED PHYSICIAN OR TO THE NEAREST EMERGENCY HOSPITAL FOR TREATMENT AS DEEMED NECESSARY AT MY EXPENSE.

SIGNATURE PARENT OR GUARDIAN _____ DATE _____