

American Montessori Emergency Contact and Medical/Dental Information for a Child

Child's Name	Date of Birth		M	F
			Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name			
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
Email Address	Email Address			
Address	Address			
City, ST ZIP Code	City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical and Dental Information

Hospital/Clinic Preference:	
Physician's Name:	Phone Number:
Insurance Company:	Policy Number:

Dental Clinic Preference:	
Dentist's Name:	Phone Number:
Insurance Company:	Policy Number:

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. In the event of an ambulance ride, a staff person will go with the child in the ambulance if parent/guardian cannot be reached. Emergency contacts have access to this information.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release American Montessori and individuals from liability in case of accident during activities related to American Montessori, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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