

Emergency & Consent Form

Child's name _____ date of birth _____ Admission date _____

Parent/ Guardian's name _____ Parent/ Guardian's name _____

Address: _____ home phone _____

_____ zip code _____

Who will typically be picking up the child? _____

Dietary restrictions _____

Illness or special issues _____

EMERGENCY CONTACTS- If parents cannot be reached, who should we call?

Name _____ phone _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to attend field trips under the supervision of a staff member. Parents will be asked to sign individual permission slips for any field trips taken. I hereby grant my permission for my child to be included in evaluations, pictures, and videos connected with the school.

I hereby grant permission for the administrator to take whatever steps may be necessary to obtain emergency medical care warranted. Those steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact child's physician
3. Attempt to contact parent or guardian through any of the persons listed as emergency contacts
4. If we cannot contact the parents/ guardians or child's physician we will so any of the following
 - a. Call another duly licensed physician or paramedic
 - b. Call 911 or an ambulance
 - c. Have the child taken to an Emergency Room or hospital in the company of a staff member.
5. Any expenses incurred under step 4 will be borne by the child's parent or guardian.
6. Woodward Montessori is not responsible for anything that may happen as a result of false information given at the time of enrollment

.....
We, _____ and _____ the parents/ guardians of
Parent's name Parent's name

_____, hereby authorize any duly licensed medical doctor to perform medical
Child's name
treatment required stemming from any accident or illness including the authorization of any transportation in the regular course of first aid treatment to allow proper medical treatment.

_____ business phone _____ cell phone _____
Parent's Signature

_____ business phone _____ cell phone _____
Parent's Signature