

STUDENT EMERGENCY/RELEASE INFORMATION FORM

(Please Print)

According to school policy, it is required that the following information is on file for your child no later than 1 week before school begins.

STUDENT INFORMATION

Student's Name:		Class:	
Mother's Name:	Home Phone #:	Daytime Phone #:	Cell #:
Father's Name:	Home Phone #:	Daytime Phone #:	Cell #:
Home Address:		City & State	ZIP Code:
Emergency Contact Name:		Home Phone:	Daytime Phone #:
Physician's Name:		Physician's Phone #:	
Any Known Allergies:			
Hospital of Choice:			

AUTHORIZED PERSON(S) ABLE TO PICK UP YOUR CHILD FROM SCHOOL

Name:	Home Phone #:	Daytime Phone #:	Cell #:
Name:	Home Phone #:	Daytime Phone #:	Cell #:
Name:	Home Phone #:	Daytime Phone #:	Cell #:

If your child does not return to his/her home after School, please provide the following information:

Name of Care Provider:	Daytime phone #:
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Statement from parent (s): If I am unavailable to do so myself, you have my permission to call the physician listed, and in the case of an extreme emergency, my permission to take my child to the hospital I have selected above. I understand that Phoenix Montessori Academy administration has the authority to determine situations of emergency and doctor need.

Patient/Guardian signature

Date

FIELD TRIP RELEASE

By executing this document, the undersigned parent authorizes Phoenix Montessori Academy to involve the child in scheduled class field trips as communicated in the class field trip notice.

Patient/Guardian signature

Date

PHOTO RELEASE



I GIVE my permission to Phoenix Montessori Academy to use School photographs taken of the above named child for promotional use.



I DO NOT GIVE my permission to Phoenix Montessori Academy to use School photographs taken of the above named child for promotional use.

Patient/Guardian signature

Date