

_____'s Cell Phone: _____
Parent/Guardian Name

_____'s Cell Phone: _____
Parent /Guardian 2



The Montessori School
of Winston-Salem

Child's Emergency & Health Information Summer 2010

Child's Name: _____ Birth Date: _____

IF YOUR CHILD HAS ALLERGIES, PLEASE LIST HERE: _____

If your child has recurring medical problems please list _____

IN CUSTODY CASES, WHEN ONE PARENT DOES NOT HAVE RIGHTS, CUSTODIAL PARENT MUST PROVIDE LEGAL DOCUMENTATION FOR CHILD'S FILE AND NOTE RESTRICTIONS HERE: _____

Parent/Guardian1: _____

Parent/Guardian 2: _____

Home Ph _____

Home Ph _____

Cell Ph _____

Cell Ph _____

Work Phone _____

Work Phone _____

EMERGENCY CONTACTS DO NOT LEAVE THIS SECTION BLANK.

In the event that a parent cannot be reached, PLEASE LIST PEOPLE WHO WILL BE ABLE TO PICK UP YOUR CHILD WITHIN ONE HOUR.

These people are automatically authorized to pick your child up at any time

1. Name _____

2. Name _____

Relation to child _____

Relation to child _____

Home Phone _____

Home Phone _____

cell phone _____

cell phone _____

work phone _____

work phone _____

MEDICAL CARE PROVIDERS:

Pediatrician _____

Dentist _____

Address _____

Address _____

Phone _____

Phone _____

IMPORTANT SIGNATURES and NECESSARY INFORMATION ON OTHER SIDE

AUTHORIZATION FOR APPLICATION OF SUNSCREEN

As sunscreen is considered by NC to be medication, TMS is required to obtain your permission for staff to apply.

I give my permission to The Montessori School and its employees to administer and/or apply sunscreen to my child that I have provided. I will label the sunscreen with my child's name.

Signed by parent/guardian: _____ **Date** _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In case of accident or illness requiring medical attention, I/we authorize(s) The Montessori School to call my child's health care provider or take my child to that doctor or my/our preferred hospital and obtain their services if needed. If neither parents/guardians nor child's medical care providers can be contacted, The Montessori School is authorized to contact another medical professional, or take the child to the closest hospital. It is also understood that this agreement covers only those situations which, in the best judgment of The Montessori School, are true emergencies.

Parent/Guardian 1 Name (printed) _____

Signature _____ **Date** _____

Parent/Guardian 2 Name (printed) _____

Signature _____ **Date** _____

HOSPITAL PREFERENCE

Brenner Children's Forsyth Medical Center Other _____

AUTHORIZATION FOR INDIVIDUALS TO PICK UP CHILD

The safety and security of our students is of highest importance.

PLEASE LIST THOSE FAMILY and/or FRIENDS, beyond your emergency contacts listed on page 1, WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM TMS. Please note the relationship to your child. You may remove or add people at a later date; please come in to make changes on this form or notify the office in writing.

_____	_____
_____	_____
_____	_____

The persons listed above have my permission to pick up my child, _____, from school.

Signed by parent/guardian: _____ **Date** _____