

# Our Children's Center Montessori School

## Emergency Contact/Parental Consent Form

Child's Name: _____ DOB: _____ Address: _____ _____	Office Use: Year: <u>17/18</u> Class: _____ Date: _____
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**Parent 1: ( ) Mother; ( ) Father; ( ) Legal Guardian**

Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Parent 2: ( ) Mother; ( ) Father; ( ) Legal Guardian**

Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Person To Be Contacted If Parent(s) Are Not Available:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Does the child have (or has he/she ever had) an IFSP/IEP?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide the most recent copy for your child's file.

**Is the child currently receiving support services (OT/PT/Speech/Developmental/etc...)?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, will the child be receiving services at OCC? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

**Allergies\*:** \_\_\_\_\_

\*Must be accompanied by a Physician's note and/or Emergency Plan of Action.

**Chronic Medications/Special Conditions\*\*:** \_\_\_\_\_

\*\* Please attach written documentation explaining the condition and outlining necessary course of action.

**Child's Physician/Medical Care Provider:** \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

**Health Insurance Coverage:** \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Parent's Signature: _____	Date: _____
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[Periodic Review] Parent's Signature: _____	Date: _____
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**Please read carefully and indicate your consent/declination by initialing appropriately. Unmarked items will be an assumption of declination.**

( ) **Immunization Forms** I understand that my child's most have current and complete immunizations for his/her age and that current immunization records **MUST** be on file in the OCC office before my child is allowed to attend school. Individuals exempt from vaccinations must have supporting documentation on file.

( ) **Walking Field Trips** I agree to allow my child to participate in walking field trips planned by Our Children's Center staff.

( ) **First Aid** I give consent for the OCC Staff to administer minor first aid procedures to my child.

( ) **Emergency Medical Care** I give my consent for the OCC staff to obtain Emergency Medical Care and transportation to the Hospital for my child when deemed appropriate and necessary.

( ) **Photo Release** I agree to allow my child and family members to be included in photographic or media documentation at school events. I understand that these images may be used in school newsletters, on the school's website, on posters, in presentations to other education professionals and/or displays at an open house or other OCC events.

OR ( ) I do not wish to have my child photographed during school events.

( ) **OCC Directory** Please include my family's contact information to the school directory.

OR ( ) I do not wish to have my family's contact information listed in the directory.

( ) **Sunscreen** I agree to allow an OCC staff member to administer the application of a broad spectrum, SPF 50 sunscreen, provided by the school, prior to late morning and afternoon play as necessary.

OR ( ) I do not wish to have my child use the sunscreen provided by OCC. I will provide an alternative.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Periodic Review] Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_