

# Our Children's Center Montessori School

## Emergency Contact/Parental Consent Form

Child's Name: _____	DOB: _____	Office use: Year <u>19/20</u>
		Class _____
Address: _____		Date _____
_____		

**Parent 1: ( ) Mother; ( ) Father; ( ) Legal Guardian**

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
\_\_\_\_\_ Bus. Phone# \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
\_\_\_\_\_ Bus. Phone# \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

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

**Person(s), Other Than Parents, To Whom Child May Be Released (with parental notification):**

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

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

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

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

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

**Does this child have (or has ever had) an ISFP/IEP?** \_\_\_\_\_

**Is child receiving support services (OT, PT, Speech, Development)?** If so, please explain. \_\_\_\_\_

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

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

[Mid year review] Parent 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 a Child Health Assessment, including an immunization record, MUST be on file in the OCC office upon enrollment and shall be updated annually.

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 or school events. I understand that these images may be used in school reflections and newsletters, on the school's website or other social media, 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: \_\_\_\_\_

[Mid year review] Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_