

Our Children's Center Montessori School

Emergency Contact/Parental Consent Form

Child's Name: _____	DOB: _____	Office use: Year <u>22/23</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: _____