

EMERGENCY RELEASE INFORMATION

2009-2010



Sunny Hollow
MONTESSORI

Name of Student	Date of Birth	Home Phone	
Street	City	Zip Code	
Parent Name 1	Employer	Work Phone	Cellular/Pager
Parent Name 2	Employer	Work Phone	Cellular/Pager

If a parent cannot be reached, list two neighbors or nearby relatives who are authorized to care for your child in an emergency.

1.			
Name	Address	Phone	
2.			
Name	Address	Phone	
Physician / Medical Facility Name	Address	City, Zip	Phone
Dentist / Facility Name	Address	City, Zip	Phone

Insurance Carrier and Policy Number: _____

List any medical concerns the staff should be aware of in working with your child

EMERGENCY MEDICAL RELEASE: I request that school personnel contact me or the emergency contact persons if my child becomes ill or is injured while attending at Sunny Hollow Montessori. In the event you are unable to contact us, I hereby authorize school personnel to call the physician or medical facility indicated. I give Sunny Hollow consent to follow physician's recommended instructions and make whatever arrangements are deemed necessary. I agree to assume all costs regardless of whether covered under my insurance policy.

In the event of **POISON INGESTION**, I understand Sunny Hollow staff will contact the Poison Control Center or a physician. I give permission for the staff to administer Syrup of Ipecac to my child if directed to do so by the authorities mentioned above.

Parent signature: _____ Date: _____



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RELEASE AUTHORIZATION FORM 2009-2010

In addition to the Emergency Contact persons listed, I give authorization for the following people to pick up my child at Sunny Hollow during the school year. If the authorized person(s) change during the year, I will notify Sunny Hollow immediately. List everyone (including those on the emergency form if applicable) who is authorized to pick up your child.

If another person will be regularly picking up your child (car pool, grandparent, etc.) one communication form at the start of school is required. For non-routine persons picking up your child, a communication form is required for each time.

NAME	PHONE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

PARENT/GUARDIAN SIGNATURE

DATE

For office use only

Custody Form is on file. Please verify form before release.