

Pleasant Hills Montessori School
Emergency Information

Child's Name: _____ sex: ___ Birthday _____
Address: _____ Home Phone #: _____

Mother

Father

Full Name: _____ Full Name: _____
Address: _____ Address: _____

Home Phone: _____ Home Phone: _____
Employer: _____ Employer: _____
Address: _____ Address: _____

Work Phone: _____ Work Phone: _____
Work Schedule: _____ Work Schedule: _____

**IN CASE OF EMERGENCY (WHEN PARENTS CANNOT BE REACHED),
CALL:**

Name: _____ Phone Number: _____
Doctor's Name: _____ Phone Number: _____
Address: _____

CHILD CAN BE RELEASED TO THE FOLLOWING PEOPLE:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

SPECIAL NOTATIONS:

Are there any special medical situations? () Yes () no; Allergies? () Yes () no
If yes, please explain _____

Parent's Signature: _____ Date: _____

Medical Information

Pleasant Hills Montessori

Child's Name: _____ Sex: _____ Birthday: _____

Immunization Record

A certificate of Immunization on a special form provided by the Georgia Department of Human Resources and SIGNED BY A PHYSICIAN must be on file in the office for each student. Must be on form 3231.

Medical Emergency

In the case of Medical emergency, every effort will be made to reach the parents. Emergency medical treatment will be sought in cases of extreme emergency at an appropriate facility. I, _____, give permission for Pleasant Hills Montessori School, LLC and an appropriate emergency medical facility to treat my child, _____, as they see fit for any medical emergency that may arise. I further release the facility, the attendant and doctors and Pleasant Hills Montessori and staff from any liability for taking such action.

Parent's Signature

Medical History

The information that you record on the back of this form will serve as our reference in the event of an emergency. Please fill it out as completely as possible. You may want to use the additional space below to provide any further details about illness, surgery, or existing psychological or medical conditions that may need our attention. Please provide any details that you feel will help us care properly for your child.

Entering the School

State regulation deems that Pleasant Hills Montessori School may not allow a child to enter or leave the school without an escort. Class begins at 8:30 each day and end at 12:00 and 3:00 each day. A teacher/greeter will meet you at your car to escort your child at the beginning and close of each school day. However, if it is after 8:30 and class has started please escort your child to the door.

Date

Parent's Signature

Your signature below indicates that you agree to release Pleasant Hills Montessori School and the owners, teachers and staff from any liability for injuries or illness resulting from conditions or circumstances beyond their control.

Date

Parent's Signature