

## **Health/Medical**

Pediatrician's Name \_\_\_\_\_ Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Plan Coverage and Number \_\_\_\_\_ Health Plan Coverage and Number \_\_\_\_\_

Special Needs \_\_\_\_\_ Allergies \_\_\_\_\_

Food Restrictions \_\_\_\_\_ Other Restrictions \_\_\_\_\_

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## **Emergency Information**

**Please list up to four emergency guardians who have agreed to take temporary care (in case of illness) or extended care (in a natural disaster) of your child if a parent cannot be reached. This person would come to the school and pick up your child for you. Please designate at least one person who lives within the neighborhood of the school.**

|    | <b>Name</b> | <b>Address</b> | <b>Phone</b> | <b>Relationship</b> |
|----|-------------|----------------|--------------|---------------------|
| 1. | _____       | _____          | _____        | _____               |
| 2. | _____       | _____          | _____        | _____               |
| 3. | _____       | _____          | _____        | _____               |
| 4. | _____       | _____          | _____        | _____               |

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I (we) the undersigned parent, parents, or legal guardian of the above named child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general supervision of Dr. (Name) \_\_\_\_\_, phone number \_\_\_\_\_ or any member of the medical profession licensed under the provisions of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the aforementioned physician/s to render care which in his/her best judgment may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the California civil code. The expense of any treatment, including ambulance service, will be accepted by me.

I hereby consent to have my child participate in field trips away from the school and all other school related activities (walks, etc.) for all school programs (afterschool, etc.) while my child is enrolled at Montessori Family School.

I hereby give my permission to the Montessori Family School to use picture(s) of my child for promotional, publicity and news purposes relating to the operation of the school.

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## **Billing Information**

Person(s) to be billed \_\_\_\_\_

Mailing Address (include city, state, zip) \_\_\_\_\_

\_\_\_\_\_

Home Phone (include area code)

\_\_\_\_\_

Work Phone (include area code)

As parents of \_\_\_\_\_ we agree to pay tuition as outlined in the application/contract.

The above information is correct and true to the best of my knowledge and will remain in effect for the duration of my child's enrollment at Montessori Family School. I certify that I have read the above application / contract and understand it and am responsible for the policies outlined and the amounts stated herein.

\_\_\_\_\_

Parent's Signature(s)

\_\_\_\_\_

Date