

START DATE: _____

Primanti Montessori School - Whittier

Room # _____

STUDENT EMERGENCY INFORMATION 2015-2016

Please fill out completely and sign where indicated.

STUDENT	LAST NAME		FIRST NAME			M.I.
BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE		HOME LANGUAGE	
STUDENT'S HOME ADDRESS				APT #	CITY	ZIP CODE
MAILING ADDRESS - (IF DIFFERENT FROM ABOVE)				APT #	CITY	ZIP CODE
MOTHER	LAST NAME		FIRST NAME		OCCUPATION	
WORK ADDRESS				CITY	ZIP CODE	
CONTACT NUMBERS			Indicate which phone to call for each message type:			EMAIL ADDRESS:
HOME	() -	EMERGENCY	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	
CELL	() -	GENERAL INFO	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	
WORK	() -	ATTENDANCE	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	
FATHER	LAST NAME		FIRST NAME		OCCUPATION	
WORK ADDRESS				CITY	ZIP CODE	
CONTACT NUMBERS			Indicate which phone to call for each message type:			EMAIL ADDRESS:
HOME	() -	EMERGENCY	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	
CELL	() -	GENERAL INFO	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	
WORK	() -	ATTENDANCE	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	
To the director: In case you are unable to reach me during an emergency, you are authorized to contact and if necessary, release my child to any of the following:						
NAME	RELATIONSHIP TO CHILD	HOME PHONE NUMBER		CELL NUMBER		
NAME	RELATIONSHIP TO CHILD	HOME PHONE NUMBER		CELL NUMBER		
NAME	RELATIONSHIP TO CHILD	HOME PHONE NUMBER		CELL NUMBER		
NAME	RELATIONSHIP TO CHILD	HOME PHONE NUMBER		CELL NUMBER		
In the event of an emergency, those listed on your child's emergency contact list may not be available. Please initial below if you wish us to release your child to a babysitter, neighbor, relative, employee, etc., who may not be listed above, but, in the event of a disaster, may come for your child. INITIAL HERE _____						
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT						
The undersigned, as parent/legal guardian of _____, a minor, hereby authorizes the director or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to Primanti Montessori School to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. I understand that Primanti Montessori School and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian. Consent for emergency treatment includes any school on and off campus activities.						
HEALTH ALERTS - List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".						
1. PRIVATE HEALTH INSURANCE		GROUP NO.		2. PRIVATE HEALTH INSURANCE (If covered under more than one plan)		GROUP NO.
NAME OF DOCTOR/MEDICAL OFFICE				PHONE NUMBER OF DOCTOR/MEDICAL		
MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:						

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.

X _____
Parent Signature

Date

Primanti Montessori School - Whittier

ADDITIONAL EMERGENCY CONTACTS (DO NOT list anyone that you have already listed on the Emergency Contact List)

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

UNAUTHORIZED PICK UP (If an unauthorized person is a parent, a court order must accompany this form)

Name:	Phone:	Relationship:
-------	--------	---------------

LIABILITY RELEASE

I give my permission for the above named child to take part in all school activities including sports and school sponsored trips away from the school premises and release the school, its agents and employees from any liability to me or my child because of any injury to my child at school or during any off campus activities.

Signature of Parent or Guardian

Date

PHOTO RELEASE

I give permission for the above named child to have photographs taken during the child's attendance at school or on school sponsored events, to be used in school brochures, newsletters, yearbook and other school publications, community newspapers, magazines, etc. I understand there is no time limit placed on the use of these photographs.

Signature of Parent or Guardian

Date

AUTHORIZATION AND RELEASE OF MINOR'S PICTURE FOR WEBSITE USE

I, the undersigned (the 'Releasor'), being at least twenty-one years (21) of age, hereby grant Primanti Montessori School's Internet Website, its affiliates, and other sites administered by Primanti Montessori School - Whittier, without further notice or approval **(please check the appropriate item(s), hereinafter, the "Licensed Materials"):**

Child's Name: _____

- The picture, image and likeness of my minor child(ren) listed above. Pictures from events during the school year, i.e., Spring Festival, Halloween, etc.
- The name of my minor child(ren) listed above

Parent's Name: _____

- Parent's Picture
- Parent's written testimonial, a copy of which is attached

The right and authority granted above will continue until terminated upon not less than thirty (30) days prior written notice of my revocation of such right and authority to Primanti Montessori School - Whittier at 10947 S. Valley Home Avenue, Whittier, CA 90603.

Notwithstanding the foregoing, the right and authority granted herein will continue for the life of such interactive Internet web site located at the following URL address: primantimontessori.com (containing the Licensed Materials), privateschoolreview.com, and other sites administered by Primanti. I acknowledge that notwithstanding the right and authority hereby granted, Primanti Montessori School - Whittier has no obligation whatsoever to publish or use any information or materials. I further release, indemnify and hold Primanti Montessori School - Whittier harmless from any and all liability arising from the publication and use of such information or materials and any errors which may occur in such publication use.

PLEASE DO NOT PUBLISH MY CHILD'S PICTURE & NAME ON THE WEBSITE

I am the parent or lawful guardian of minor child(ren) listed above, and have the full right and authority to execute this Authorization and Release on their behalf, and on behalf of Primanti Montessori School - Whittier.

Printed Name: _____

Signature _____ Date: _____