

MONTESSORI ACADEMY OF CHAMBERSBURG

875 Ragged Edge Road Chambersburg, PA 17202
PHONE: (717) 261-1110 FAX: 717-267-3626 E-mail: info@montacad.org

EMERGENCY INFORMATION and AUTHORIZATION FORM

Student Name: _____ Date of Birth: _____ Gender _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Employed by: _____ Work Phone: _____

Employer's Address: _____

Parent/Guardian: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Employed by: _____ Work Phone: _____

Employer's Address: _____

School Communications should also be sent to:

1. In the event of an emergency, if neither parent is available, the following individuals have permission to pick up my child from school:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Consent for medical treatment:

I give permission for my child to participate in routine annual hearing, speech, language, dental, and vision screening.

Parent/Guardian Signature: _____ **Date:** _____

In the event my child becomes ill or injured at school or in a school related event, and I cannot be reached, Montessori Academy of Chambersburg is authorized to take one or more of the following actions: a.) release my child to one of the individuals listed as emergency contacts; b.) take my child to the Chambersburg hospital to provide emergency care. I understand that I will assume all expenses incurred for emergency care or transportation.

Health Insurance: _____ Certification #: _____

Insured's Name: _____ Insured's Employer: _____

Parent/Guardian Signature: _____ **Date:** _____

I give permission for my child's allergy information to be released to Montessori Academy staff and parent organization representatives as necessary to insure my child's safety.

Parent/Guardian Signature: _____ **Date:** _____

3. Release and authorization to participate in physical education and school trips:

I give consent for my child to participate in Montessori Academy's approved physical education classes, outside activities, and school trips with transportation being provided by any teacher, parent, or other representative of the Academy.

I understand that by participating in physical education or outside activities and games, my child may be exposed to the risk of serious injury.

I understand that Montessori Academy does not assume any responsibility in case of an accident. In order for my child to be permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release and hold harmless Montessori Academy, the faculty and staff, together with all persons, including parents of students of Montessori Academy, assisting with any phase of such activities and trips, from any and all liability claims, suits, demands or causes of action, including any accident or injury suffered by my child while involved in such activities.

Parent/Guardian Signature: _____ **Date:** _____

4. Media Release:

I permit Montessori Academy of Chambersburg to photograph my child. Photographs will be used only for publicity purposes in school documentation, brochures, displays and local media.

Parent/Guardian Signature: _____ **Date:** _____

5. Montessori Academy Student Directory:

Montessori Academy offers to its students a student directory. If you choose to have your information (name, address & phone number) included please sign, date and return to the Academy Office.

Parent/Guardian Signature: _____ **Date:** _____