

## Student Emergency Contact and Medical Information

**PLEASE RETURN BEFORE FIRST CLASS**

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
( )	( )	( )	( )
Cell Phone	Alternate Phone	Cell Phone	Alternate Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
( )	( )	( )	( )
Cell Phone	Alternate Phone	Cell Phone	Alternate Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Medical Information

Allergies/Special Health Considerations

Child's Physician's Name

Physician's Phone Number

Insurance Company

Policy Number

I give authorization for emergency medical treatment and CPR to be given to my child by a first-aid certified staff person of Edmonds Montessori, LLC  Yes  No

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

**Persons authorized to pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH# 1 \_\_\_\_\_ Ph#2 \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH# 1 \_\_\_\_\_ Ph#2 \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH# 1 \_\_\_\_\_ Ph#2 \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ PH# 1 \_\_\_\_\_ Ph#2 \_\_\_\_\_

**Student Background Information**

What would you like us to call your child in class? \_\_\_\_\_

Has your child been to school before?  Yes  No If so, which one? \_\_\_\_\_

Are there any concerns that you would like us to know about? \_\_\_\_\_

\_\_\_\_\_

What do you hope for your child in the school year? \_\_\_\_\_

\_\_\_\_\_

Are there any other languages spoken at home? \_\_\_\_\_

**Sibling Name(s)**

List all children in your family even if they are not attending or applying to Edmonds Montessori, LLC

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Current School \_\_\_\_\_

I authorize my address, email and phone number to be published in the school directory intended for personal use only by families enrolled at Edmonds Montessori School.  Yes  No

I allow the school pictures of my child to be included in Edmonds Montessori, LLC exhibits, social media and/or news coverage.  Yes  No

I have reviewed the Edmonds Montessori School Parent Handbook that is available on the Edmonds Montessori website; [www.edmondsmontessori.com](http://www.edmondsmontessori.com)  Yes  No

\_\_\_\_\_ I understand and agree that by signing and/or initialing this document electronically it will be treated as my legal signature, binding me to the terms.

Notice of Nondiscriminatory Policy As To Student: Edmonds Montessori, LLC does not discriminate on the basis of race, ethnicity, gender, religious affiliation, sexual orientation or physical ability in the administration of our admissions and education policies.