



Emergency Information / Release Form

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____

PARENT 1'S NAME _____ CELL PHONE _____

PARENT 2'S NAME _____ CELL PHONE _____

Additional persons who may be called in an emergency:

NAME _____ PHONE _____

NAME _____ PHONE _____

PRIMARY PHYSICIAN _____ PHONE _____

Unless otherwise requested, the school's first action in an emergency will be to call the paramedics to administer emergency first aid. If the paramedics judge that hospitalization is necessary, they will transport the child to the nearest available emergency room. Parents must be present, or have this consent form on file before treatment may be given.

IS THIS PROCEDURE ACCEPTABLE TO YOU? YES _____ NO _____ Initial here: _____

IF NOT, WHAT ACTION SHOULD BE TAKEN? _____

PLEASE LIST ALLERGIES, INCLUDING DRUG REACTIONS: _____

CHRONIC ILLNESSES: _____

REGULAR MEDICATIONS: _____

ARE IMUNIZATIONS UP TO DATE? _____

*I, _____ the natural parent/legal guardian of _____
authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my
child by a licensed physician or hospital when deemed immediately necessary or
advisable by the physician to safeguard my child's health when I cannot be contacted.
I waive my right of informed consent of such treatment.*

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Central Kitsap Montessori * 10323 Central Valley Rd NE * Poulsbo, WA 98370 * (360) 698-7620

www.CKMontessori.com