

EMERGENCY INFORMATION

Students Name _____ Date of Birth _____ Gender _____

Household Parent/Guardian Information

Parent/Guardian #1

Name _____ Relationship to student _____

Home Address _____

Date of Birth _____ SS# (Last 5) _____ Email _____

Cell _____ Cell Phone Provider _____

Employer _____ Occupation _____

Employer Address _____ Work Phone # _____

Parent/Guardian #2

Name _____ Relationship to student _____

Home Address (if different) _____

Date of Birth _____ SS# (Last 5) _____ Email _____

Cell _____ Cell Phone Provider _____

Employer _____ Occupation _____

Employer Address _____ Work Phone # _____

Pick-Up Authorization

Emergency Contact

Y N

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

(PLEASE COMPLETE BOTH PAGES)

Medical Release

In the event of an accident or illness to the student, I hereby authorize the school leader to secure any necessary aid and/or treatment from: Dr. _____ or the available provider or from the _____ hospital/clinic or the nearest hospital. diagnosis, treatment and removal of the student

Signature _____ Date _____

Please list any allergies that we should be aware of:

Please list any medications that we should be aware of:

Please list other special medical needs we should be aware of:

Physician Name: _____

Physician Phone # _____

Parent Consent and Acknowledgment

Please initial on the lines below

Parent Handbook

_____ I have read a copy of the Foothills Montessori Handbook including the Behavior Guidance Policy and agree to abide by all the information set forth. The parent handbook can be found at <https://foothillsmontessori.com/documents/>

Field Trips

_____ I give permission for my child to participate in class field trips, which may include trips to Dragon Ridge Country Club, Amador Park, and other off-campus trips. Field Trips will be announced by the teachers. Chartered buses or parent volunteers will transport children as a "carpool" and not as "school provided transportation." All drivers must provide the office proof of insurance and current driver's license.

School Directory

_____ I give permission to include my child's name and telephone number in the school directory.

_____ I do not want my child's name and telephone number to appear in the school directory.

Publicity Permit

Public relations: *There are times throughout the school year that our students are photographed and/or videoed to post on FMS website, FMS Facebook page, and FMS promotional materials. However, the child's name is never used in conjunction with their picture unless permitted by the parent.*

Internal Only: *Only includes the Yearbook and password-protected classroom blog.*

_____ I give permission for my child to have his or her image used in connection with the **public relations** program described above.

_____ I give permission for my child to appear in **internal only** publications as described above.