



23225 SE Borges Road * Damascus, OR 97089
 Mail To: PO Box 2086 * Gresham, OR 97030
 503-658-2356 * Hillsviewmontessori@gmail.com

Release Authorization & Emergency Contact Form

Child's Legal Name		Male <input type="radio"/>	Female <input type="radio"/>
Birthdate	Age at Entry to Care	Date Entered Care	
Child's Home Address			
City	State	Zip	Home Phone
ALLERGY ALERT: Does child have allergies? Yes <input type="radio"/> No <input type="radio"/> If yes, please list all allergies on the back side of this form.			
Parent or Legal Guardian Emergency Contact Information			
Name		Relationship	
Home Phone	Cell Phone	Work Phone	
Name		Relationship	
Home Phone	Cell Phone	Work Phone	
Required Emergency Contact Information - person other than parent or guardian that is authorized to pick up child in case of emergency.			
Name		Relationship	Phone
Name		Relationship	Phone
Non-Emergency Contact Information - person other than parent or guardian that is authorized to pick up child			
Name		Relationship	Phone
Name		Relationship	Phone
Any person authorized to pick up your child may be asked to show photo I.D. before your child will be released into their care.			
Medical/Dental Contact Information			
Insurance Provider		Policy Number	
Insured's Name		Group Number	
Primary Physician Name		Phone	
Dental Provider		Phone	
Preferred Hospital		Phone	
In an emergency, <i>Hillsview Montessori School</i> has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child transported to the nearest hospital and treated by the on-call physician. The parent or guardian is notified as soon as possible.			
Parent/Guardian Signature			Date
1. Update Signature			Date
2. Update Signature			Date
3. Update Signature			Date

Child Information

Has your child previously been in care? Yes <input type="radio"/> No <input type="radio"/>		
If yes, what type and for how long?		
Child General Information – please include all information that will assist us in providing quality care for your child.		
Likes and dislikes		
Eating habits and schedule		
Sleeping habits and schedule		
Play		
Fears		
Special words and meanings		
Walked at ___ months	Began talking at ___ months	Toilet Training started at ___ months
Other Members of Household		
Name	Age	Gender
Name	Age	Gender
Name	Age	Gender
Name	Age	Gender
Name	Age	Gender
Pets in Household		
Child Medical Information		
List all allergies or other medical conditions, including instructions for providing best possible care in regard to stated conditions. Do any of the conditions restrict the child's activities? Please request and complete a medication form if your child requires any type of medication to administered at school (i.e., allergy medication, inhaler or Epipen.)		

Signature of Father

Date _____

Signature of Mother

Date _____