

Release & Emergency Contact Information

To be completed & placed on file prior to enrollment. (Please answer all questions.)

1. Please list the best numbers to reach you during your child's school day:

Parent /Guardian Name 1	Call 1 st - (home / cell / work)	Call 2 nd - (home / cell / work)	Call 3 rd - (home / cell / work)
Parent / Guardian Name 2	Call 1 st - (home / cell / work)	Call 2 nd - (home / cell / work)	Call 3 rd - (home / cell / work)

2. Please list some *other individuals* that we may contact if a need arises and a Parent/Guardian cannot be reached. We will call in the order that they are listed. Please check at least one or all that apply for each individual*.

#	Contact Name	Phone # 1	Phone # 2	Phone # 3	Relation to Child	* C	* P	* E
1								
2								
3								
4								
5								
6								
7								
8								

C = CARPOOL: Individual(s) that has/have your permission to notify us and pick up your child from school, without AMS seeking further approval from you.

P = Pick-up: Individual(s) that may be asked to pick up your child **if you cannot be reached** in the event of a weather or medical emergency, or sudden onset of illness.

E = Emergency: Individual(s) you would like us to contact in the event of a medical emergency and you cannot be reached. This person doesn't necessarily have to be local or available for pick-up. This should be someone you trust to advise us on your behalf, if necessary.

Child's Name: _____

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3. Please give us the name and phone number of your child's physician & dentist:

Physician Name: _____ Phone #: _____

Dentist: _____ Phone #: _____

4. Does your child have any known allergies? No Yes (If yes, please explain below. If the allergies are severe, please complete an **Allergy Action Plan. Remember to bring a current epi-pen /or other medication by the first day of school.)**

5. Does your child have any chronic illnesses, or take any medications? No Yes (If yes, please explain.)

6. Please provide your child's insurance information here, or provide us with a copy of your insurance card.

Company Name: _____ Subscriber Name: _____

Policy #: _____ Group #: _____ Phone #: _____

7. I agree that the staff of the Montessori School of Asheville, Inc. (dba Asheville Montessori School), may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician and/or dentist can be contacted immediately. Unless otherwise noted, we will assume that the Memorial Mission ER is your urgent care preference.

Signature of Parent/Guardian

Date

8. I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provision will be made for adequate and appropriate rest and outdoor play.

Signature of AMS Authorized personnel

Date

9. Parents of Returning Students must answer the following required question:

What are your hopes/goals for your child's Montessori School Year?

- educationally?
- socially?
- self-help skills?