



The Montessori School of Herndon 2018/2019 Emergency Release Form

A new Emergency Release Form is required at the start of each school year. During the school year, you **MUST** update your form if contact information changes at any time, if your child develops allergies or medical conditions we should be aware of, or to add/remove authorized individuals. **Please complete all fields on both sides. Enter “No” or “N/A” if it does not apply.**

Child's Name:	DOB:
Address (Street, City, State, Zip Code):	
Parent's/ Mother's Name:	Email:
Business Phone:	Cell Phone:
Parent's/Father's Name:	Email:
Business Phone:	Cell Phone:
Insurance Company:	Policy Number:
Dentist:	Phone:
Physician:	Phone:
Preferred Hospital:	

In the event of sickness or an accident, if the parent/guardian, or your physician or dentist, cannot be reached, may we use our physician, dentist, and/or the nearest hospital? **YES / NO**

Medical Issues:
Medical Allergies & Reaction:
Food Allergies & Reaction and/or Food Restrictions:

Emergency Contacts:

In the event of an emergency, MSH is authorized to contact the following individuals, if the custodial parents/guardians cannot be reached. **You must provide at least TWO contacts with LOCAL addresses (other than the parents).**

1. Name:	
Address (Street, City, State, Zip Code):	
Business Phone:	Cell Phone:

2. Name:	
Address (Street, City State, Zip Code):	
Business Phone:	Cell Phone:

