



Sunny Hollow
MONTESSORI

SUNNY HOLLOW MONTESSORI Visiting Student Information

Last:	First:	Middle:
Gender:	Age:	DOB:

1. Parent/Guardian:

Name

Relationship to student:

Phone 1 (used for emergencies):

Phone 1 type:

Phone 2 (used for directory):

Phone 2 type:

Phone 3 (back-up emergency):

Phone 3 type:

2. Parent/Guardian:

Name

Relationship to student:

Phone 1 (used for emergencies):

Phone 1 type:

Phone 2 (used for directory):

Phone 2 type:

Phone 3 (back-up emergency):

Phone 3 type:

Emergency Contacts

If a parent cannot be reached, please list two neighbors or nearby relatives who are authorized to care for your child in an emergency.

Contact #1 (first, last):

Relationship to student:

Phone:

Phone type:

Contact #2 (first, last):

Relationship to student:

Phone:

Phone type:

Medical Concerns

Please list any medical concerns that staff should be aware of:

Emergency Medical Release

I request that school personnel contact me/the emergency contact persons listed if my child becomes ill or is injured while attending Sunny Hollow Montessori. In the event you are unable to contact me/the emergency persons listed, I hereby authorize school personnel to call the physician or medical facility indicated. I give Sunny Hollow consent to follow the physician's recommended instructions and make whatever arrangements are deemed necessary. I agree to assume all costs regardless of whether covered under my insurance policy.

I understand that an emergency situation may require Sunny Hollow teachers and staff to perform first aid on an injured student. I hereby authorize Sunny Hollow, its teachers and staff, to perform first aid on my child in an emergency, and I hereby hold Sunny Hollow, its teachers and staff, free and harmless from any claim of damage that might arise from the performance of such first aid treatment.

In the event of POISON INGESTION, I understand Sunny Hollow staff will contact the Poison Control Center or a physician.

Parent/Guardian Signature:

Parent/Guardian Printed Name: