YELLOWACORN
MONTESSORI
27 Crane Road, Scarsdale, NY 10583

EMERGENCY ALERT/ RELEASE FORM

The information below will be used if your child has an accident, sudden illness, medical emergency, school closures, power outages and other emergency situations in school.

Child's Full Name: _____ Date of Birth: _____

Sex: _____

Child's Home Address: _____

_____

Telephone: _____

Please clearly print the information for the methods by which you wish to be contacted

Parent #1: ☐Mother ☐Father ☐Foster		Parent #2: ☐Mother ☐Father ☐Foster	
Name:		Name:	
Home Phone #:		Home Phone #:	
Cell Phone #:		Cell Phone #:	
Home Address:		Home Address:	
Email:		Email:	
Employer:		Employer:	
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Work Hours/Day		Work Hours/Day	

Guardian's Name: _____

Address: _____

_____

If child is in foster care, agency holding guardianship: _____

_____

Worker assigned: _____ Address: _____

_____

Telephone #: _____ Emergency#: _____

Emergency Contacts

NOTE In the event of hazardous weather conditions or other school emergency, your child may be dismissed from day care earlier than his/her scheduled time. Your child will remain at school under supervision until contact can be made, please indicate the names and phone numbers of designated others whom you would like to be contacted in the
event of a medical, weather, or day care emergency. Be sure to ensure these people are available during school hours.

I agree to allow those listed to transport my child to and from the Yellow Acorn Montessori
(This form is invalid if not signed).

Parent Signature: _____

Date:

GOVERNMENT ISSUED PHOTO ID MUST BE INCLUDED WITH THIS FORM FOR ALL ADULTS LISTED ON THIS FORM (INCLUDING PARENTS)

Contact #1 Name:		**Contact #3 Name:**	
Relationship to child:		Relationship to child:	
Home Phone#:		Home Phone#:	
Cell phone#:		Cell phone#:	
Contact #2 Name:		**Contact #4 Name:**	
Relationship to child:		Relationship to child:	
Home Phone#:		Home Phone#:	
Cell phone#:		Cell phone#:	

Parent Release for Emergency Medical Treatment

I authorize Yellow Acorn Montessori to refer my child _____ for emergency medical, dental, and/or surgical care and hospitalization in the event of an injury, illness, or catastrophic event at a time when I cannot be reached.

Print name: _____ Parent Signature: _____ Date: _____

Child's Physician's Name: _____ Physician Phone: _____

Medical Insurance: _____ Policy #: _____

Medicaid # (if applicable): _____

Medications (maintenance medications taken at home):

If your child does NOT presently take medication, please check this box ☐

If your child does take mediations, please complete the following information.

Name of medication(s): _____

Dosage: _____ # Of Times per Day: _____

Duration of Medication: (complete one): _____

Temporary: Indicate Start Date: _____ Discontinue Date: _____

Continuous: (check the appropriate box)
Will this medication be administered regularly through the school year: ☐ Yes ☐ No

How is it controlled?

Describe allergic reaction:

Additional pertinent health information:

* If your child has an allergy to a common food, or other allergen, which may cause an anaphylactic reaction, please have your physician fill on the medication consent form that must accompany any medication and arrange to supply the school with your child's medication. A form must be accompanied by you and your child's physician for each medication. All medications must be in their original containers with package inserts and valid expiration dates. Prescriptions must be rewritten every six months.