

Emergency Information

The Manor Montessori Summer Day Camp 2017

Please fill out the information and return it with you application.

This Information is for the teacher's use and will travel with the class on all activities to the playground and on any trips outside of the school such as a field trip or an emergency evacuation.

Name of Child: _____ Today's Date: _____
Birthday: _____ Age: _____

Home Address: _____
City: _____ State: _____ zip: _____

Home Phone: _____ email: _____

Mother's Name: _____ cell: _____
Work Phone: _____ Place of work: _____

Father's Name: _____ cell: _____
Work Phone: _____ Place of work: _____

Name of a family member or friend that can be called in an **emergency**. I give permission for the following people to pick up my child if parents are not reachable.

Name: _____ home: _____ cell: _____
work phone:- _____ other: _____

Name: _____ home: _____ cell: _____
work phone: _____ other: _____

Name of Doctor: _____ Phone: _____

If your child has an allergy or other health condition please talk to the teacher directly.

List any allergies or health conditions: _____

The following people have permission to pick up my child at any time. This includes an emergency :

Name: _____ Phone: _____

Name: _____ Phone: _____

My child attends a licensed child care center or school and is up to date on immunizations.

The name of the school / center is _____.

The state in which your child resides is _____.

Is your child exempt from any immunizations? If yes, please list them _____.

If your child does not attend a school or child care center in the United States or the District of Columbia you must provide a copy of a health innovatory and immunization record DHMH-896 to attend camp. Parent signature: _____

Swimming skills: (circle one) non-swimmer treads water only skilled swimmer (Potomac Location only)

Please sign stating that you understand that Manor Camp is a peanut / tree nut free environment. You agree NOT to send peanut / tree nut products to camp. Signature: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital.

Signature of Parent / Guardian: _____ Date: _____

Photo Release: I / We authorize that our child _____ may have his / her photograph taken to be used in the classroom, camp brochure, and for The Manor Montessori website.

Signature of parent / Legal Guardian: _____ Date: _____