

## 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: \_\_\_\_\_**