

Emergency Information

The Manor Montessori Summer Day Camp 2018

Please fill out the information and return it with your 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: _____ Todays 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, health conditions or dietary restrictions:

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 _____

Parent signature: _____

If your child does not attend a school or child care center in the United States you must provide a copy of a health innovatory and immunization record to attend camp. ALL CHILDREN MUST HAVE A CAMPER HEALTH HISTORY ON FILE TO ATTEND CAMP.

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: _____