

Emergency Medical Authorization

Summer Camp 2025

Child's Name _____ Birth Date _____

Parent or Guardian Name (s) _____

Address _____ City _____ Zip _____

Parent #1: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail address _____

Parent #2: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-mail address _____

If a parent cannot be contacted in case of any emergency, Richmond Hill Montessori has my permission to contact the following persons in the order listed. The individuals listed are reliable persons who have time and transportation available during the child's school hours. These individuals are persons that this child knows well, and who can be called upon in an emergency to pick up this child from school and care for him or her. (At least one person must be listed.)

Name _____ Daytime Telephone _____

Address _____ Driver's License _____

Name _____ Daytime Telephone _____

Address _____ Driver's License _____

In the event that medical attention is required before either a parent, or guardian, or one of the emergency contacts can be reached, the following physician may provide or authorize any emergency medical treatment:

Physician's Name _____ Phone _____

Address _____

In case of an emergency, when neither a parent, an emergency contact, nor the above physician can be reached, Richmond Hill Montessori has my permission to take my child by car or ambulance to the nearest hospital. The hospital personnel have my permission to perform treatment as necessary.

Name _____ Relationship to child _____

Signature _____ Date _____

Subscribed and sworn to before me, this _____ day of _____, _____ (year)

Notary Public _____ County of Texas

(Please complete the reverse side)

Student Health Information

Child's Name _____ Birth Date _____

Does this child have any health problems? Yes No

If yes, please explain _____

Please list any food or drink your child is not allowed to have due to food restrictions:

Please list any food or drink that may cause an allergic reaction leading to a medical emergency _____

Please list any medication your child should not have in the event of a medical emergency:

Please list any allergic reactions your child may have: _____

Has this child experienced any serious injuries or illnesses or been hospitalized for any reason during the last 12 months? Yes No

If yes, please explain _____

Is this child on any long-term medications? Yes No

If yes, please explain _____

Note: If this medication must be given during the school day, please complete the Authorization Form.

Please describe anything else unique about your child's requirements during the school day.

Signature of Parent or Guardian Date

RICHMOND HILL MONTESSORI
SUMMER CAMP 2025
FAMILY INFORMATION UPDATE

Child's Name _____

Street Address _____ City _____ Zip Code _____

Parent #1 Name _____

Address (if different from child) _____

Cell Phone _____ Work Phone _____

E-Mail Address _____

Parent #2 Name _____

Address (if different from child) _____

Cell Phone _____ Work Phone _____

E-Mail Address _____

The following people are authorized to pick my child up from school. **(Please include authorized parents/guardians and other authorized individuals).**

Name	Daytime Phone	Driver's License
Parent #1: _____	_____	_____
Parent #2: _____	_____	_____
Others: _____	_____	_____
_____	_____	_____
_____	_____	_____

Special family circumstances of which we should be aware: _____

Parent or Guardian (please print) _____ Signature _____ Date _____