

MEDICAL INFORMATION AND AUTHORIZATIONS

Child's Name _____

In an emergency camp staff will first call the parents. Please list below a person we may call if we cannot reach you.

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____

Family Doctor or Pediatrician _____

Address _____ Phone _____

Family Medical & Health Insurance Carrier _____

Policy # _____ OR Group # _____

AND Contract # _____

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

I hereby authorize the bearer, who is a member of the staff of Arbor Montessori School, Inc., known as Arbor, to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

GENERAL AUTHORIZATION

I hereby grant to Arbor Montessori School, Inc. permission for my child to:

- a. take part in all program activities and use all indoor and outdoor equipment;
- b. be photographed or videotaped in connection with daily program activities and consent to the use of these photographs or videos by Arbor, without compensation to me, in brochures, classroom displays, newsletters, and any other ways Arbor may deem necessary and appropriate to promote the program and its purposes and goals;
- c. accompany his/her class on all field trips organized and conducted by Arbor personnel in furtherance of program goals;
- d. participate in water activities supervised by Arbor staff.

Date

Signature / Relationship to Child