

HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046
PHONE: 440.636.6290 • FAX: 440.636.5665 LJOLLIFF@HERSHEY-MONTESSORI.ORG

Student Name (Last):	(First):
Street	
City	State Zip
Telephone	
Date of Birth	
Residential Parent or Guardian	
Mother	
Daytime Phone	
Cell Phone	
E-Mail	
Father	
Daytime Phone	
Cell Phone	
E-Mail	

**PART I – TO GRANT CONSENT
(Part I or II MUST BE COMPLETED)**

In the event reasonable attempts to contact me at home or work or other parent at home or work have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by previously named physician or dentist of my preference, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

EXPIRES: SEPTEMBER 30, 2019

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature

Address

Date

I hereby consent for the following medical care providers and preferred hospital to be called:

Doctor:	
Phone	
Street	
City	State Zip
Dentist:	
Phone	
Street	
City	State Zip
Medical Specialist:	
Phone	
Street	
City	State Zip
Local Hospital:	
Phone	

**PART II – REFUSAL TO CONSENT
(Do not complete Part II if you have completed Part I)**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Signature

Address

Date

In the event of an emergency requiring family reunification, my child may be released to the following parent(s) or legal guardian(s) with identification:

Name (relationship):

Name (relationship):

Name (relationship):

Name (relationship):

In the situation where the parent cannot be reached, contact the following relative, friend or neighbor:

Name
Phone
Address
Name
Phone
Address

FIELD TRIP RELEASE

My child, _____ has my permission to engage in activities of Hershey Montessori School which take place off the school premises. I understand that I shall be informed beforehand as to the specifics of these outings (time, place, etc.).

Signature