SCRIPPS MONTESSORI SCHOOL
9939 OLD GROVE ROAD

SAN DIEGO, CA 92131

AUTHORIZATION FOR EMERGENCY MEDICAL SERVICE FORM RELEASE

Nameof child: _____ Birthdate: _____

Email:_____ Age:_____ Sex:_____

Home Address:_____ Telephone MOM_____

City:_____ ZiP_____ Telephone DAD _____

Name of Parent (or Legal Guardian):_____

IS YOUR CHILD ALLERGIC TO ANY MEDICATION?_____

IS YOUR CHILS ALLERGIC TO ANY FOOD, INSECT BITES? _____

IF YES WHAT? _____

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I hereby give my consent to the Scripps Montessori School to administer first aid, to authorize a medical doctor to examine or treat my child, to authorize necessary emergency treatment at nearby emergency hospital, and/or to order ambulance transportation for my child while he/she is in attendance ata Scripps Montessori School and/or on school related off-campus activities. I agree to accept the financial responsibilities for any cost thus incurred in the treatment of any illness, accident or injury of the above named minor.

I hereby give my permission for my child ti take part in all school activities while enrolled at Scripps Montessori School including sports and school-sponsored trips away from the school premises and release the school from any liability to me or my child because of any injury incurred at the school or during any off-campus school activity.

I am aware my child will be in daily contact with the school animals. I hereby give permission for my child to participate in the activities involving the care and feeding of the animals present on the school site and release the school of any liability because of injury incurred by the animals.

I hereby give permission to the Scripps Montessori School to use a picture of my child for promotional, publicity, and news purposes related to the operating of said school. I hereby authorize and give permission to the Scripps Montessori School to release my children into the custody of the below names person(s), whether during or after class**. (NOTE: CHILDREN WILL NOT BE ALLOWED TO LEAVE THE SCHOOL PREMISES WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM THE RESPONSIBLE PARENT OR GUARDIAN).**

Mother_____ Father_____

Name _____ Relationship_____

Name _____ Relationship_____

_____ _____

Signature of Parent or Guardian / Date Signature of Parent or Guardian / Date