



SHIR HASHIRIM
MONTESSORI SCHOOL

.....
ENROLLMENT CONTRACT - PART ONE
.....

TUITION AND FEES

Application fee: \$200 non-refundable due with application.

Applications will not be processed without the fee.

New student enrollment fee: \$1,500 one-time fee per child entering school.

PRIMARY PROGRAM / SEPTEMBER - JUNE

ANNUAL TUITION: Half day **\$27,000** (8:00am - 2:30pm)

ANNUAL TUITION: Full day **\$28,500** (8:00am - 4:00pm)

3 quarterly payments of \$9,000 or \$9,500 due on:

September 1st, December 1st, and March 1st.

SUMMER PROGRAM / JULY - AUGUST

4 weeks \$3,000 one-time payment (8:00am - 2:00pm)

Late pick-up fees: \$30 every 15 minutes after 2:30pm / 4:00pm

I, the parent of _____ agree to the following
tuition agreement with the Montessori Shir Hashirim School, Berendo or Carlton Way Campus.

I understand that the quarterly tuition payments are due on the 1st day of the months
September, December and March of the current year.

I understand that my obligation to pay the fees for the full academic year is unconditional
and that after signing this contract no portion of fees paid or outstanding will be refunded
or cancelled in the event of absence, withdrawal or dismissal from the school of the above
student. I herewith agree to assume full responsibility for the full annual fees.

The school has the right to deny entrance to a child whose tuition payments are delinquent or
behind schedule.

I will pay the following to the Shir Hashirim Montessori School:

- ☐ Half day \$9,000 quarterly - 3 payments in total (8:00am - 2:30pm)
- ☐ Full day \$9,500 quarterly - 3 payments in total (8:00am - 4:00pm)
- ☐ Enrollment fee \$1,500 (One-time fee per child entering school. Non-refundable)

* Deposits are not refundable under any circumstances.

Name of child: _____

Parent Signature

Date

ENROLLMENT CONTRACT

ESSENTIAL REGULATIONS - PART TWO

By Department of Health requirements, all children must have immunizations. Please be sure, when you enroll your child, that you bring proof of all immunizations. Consult the immunization guide attached to this packet. Also, by the age of three, all children must be toilet trained.

All minor scratches and accidents, which may occur during the course of normal play, shall not be deemed as caused willfully or negligently by the school or its personnel.

Names should be identifiable on all items of children's clothing, lunch boxes and thermoses. All lost articles which remain unclaimed at the school at year's end shall be donated to a worthy organization.

Parents are always welcome and are encouraged to visit the school. However, drop-off time in the morning and pick-up time at the day's end are not good occasions for visits. The children tend to get confused as to whose domain they are in, and the teachers must organize the start of the day or, at the end of the day, they must often meet commitments in their lives outside of school.

In order to arrange parental visits so that the classrooms do not become overly crowded, we request that you make appointments in advance. Discussions of a child's progress will only be made on appointment and in private consultations outside of the classrooms. We do, in any case, make formal progress reports twice a year.

Children must be signed in and out each day. Please sign your full name, no initials please. No one other than a previously authorized person will be permitted to take your child out of school.

Montessori Shir Hashirim School admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, sex, national, and ethnic origin in the administration or our educational policies, admission policies, employments and other school administered programs.

I have read the Enrollment Contract, parts one and two, the Tuition Fees, the Payment Plan and the Essential Regulations, and I agree to them.

Parent / Guardian Signature

Date

Please specify: I am the mother / father / legal guardian.

IDENTIFICATION AND EMERGENCY INFORMATION

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To be completed by parent or guardian.

CHILD'S NAME _____
Last M.I. First

Date of birth _____ ☐ Male ☐ Female

Address _____

City _____ Zip Code _____

FATHER'S NAME _____
Last M.I. First

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Home/cell phone _____ Work phone _____

MOTHER'S NAME _____
Last M.I. First

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Home/cell phone _____ Work phone _____

PERSON RESPONSIBLE FOR THE CHILD _____
Last M.I. First

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Montessori Shir Hashirim

(NAME OF CHILD CARE CENTER/SCHOOL)

. This Child Care Center/School provides a program which extends from 8 : 00

a.m./p.m. to 5:30 a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

FACING THE FACTS: A PARENT'S GUIDE TO THE UNDERSTANDING OF CHILD SEXUAL ABUSE

WHAT IF YOU DISCOVER YOUR CHILD HAS BEEN SEXUALLY ABUSED?

Children's reactions to being sexually abused differ greatly from child to child because of the child's age, his or her personality, the nature of the offense, the offender's relationship to the child and adult reactions to the discovery of the abuse. Sometimes children do not appear overly upset by the abuse; often, they are confused or frightened by what they have encountered. You, as a parent, play an important part in how the abuse will affect your child both in the short and long term.

The following are some suggestions if you discover your child has been sexually abused:

- **Believe your child;** reinforce the fact he or she is not to blame for what happened.
- **Immediately report** the abuse to the proper authorities. (see "Contacts and Services")
- **Assure your child** that you still love him or her.
- **Allow your child to talk** about the incident(s), but do not pressure him or her to do so.
- **Let your child know** that he or she will be protected from further assault. Protection of your child should be your first concern.
- **Seek medical care** if you suspect any sexual abuse may have occurred. Although children are rarely seriously damaged physically by sex offenders, internal injury may have occurred and the risk of a sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- **Be aware** of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

Remember, you have the primary responsibility for your child's well-being. With a little time and effort you may prevent your child from being injured in an abusive situation.

JUST SEXUAL ABUSE?

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. (This can be done in a casual manner while dressing or bathing.) Question any unusual marks, bruises, burns, welts, etc.

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and laypersons must report suspected abuse to the proper authorities. The mandated reporters include:

- Any Child Care Custodian (teachers, licensing day care workers, foster parents, social workers)
- Medical Practitioners (physicians, dentists, psychologists, nurses)
- Nonmedical Practitioners (public health employees, counselors, religious practitioners who treat children)
- Employees of a child protective agency (sheriff, probation officers, county welfare department employees)

Failure to report suspected abuse by a mandated reporter (listed below) within 36 hours is a misdemeanor punishable by up to 6 months in county jail, a fine of not more than \$1,000 or both.

CONTACTS AND SERVICES	AGENCY TO TELEPHONE		
For your information, the following chart shows what agencies may assist you in specific areas as listed below:	POLICE OR SHERIFF	COUNTY DEPARTMENT OF CHILDREN'S OR SOCIAL SERVICES	STATE OR LOCAL DIVISION OF COMMUNITY CARE LICENSING
- If you believe a child is being (or has been) abused by an individual (relative, friend) ...	●	●	
- If you believe a child has been assaulted by a stranger	●		
- If you believe a child is being (or has been) abused in a licensed day care setting (child care center, school, recreational facility, family day care home) ...	●		●
- If you have any questions or complaints concerning the licensing, organization, staffing or programs of a licensed child care setting ...			●

STATE OF CALIFORNIA - George Deukmejian, Governor
HEALTH AND WELFARE AGENCY - Clifford L. Allenby, Secretary
DEPARTMENT OF SOCIAL SERVICES - Linda S. McMahon, Director

CHILD ABUSE PREVENTION PAMPHLET RECEIPT

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This will acknowledge that I / We, the parent(s) of

Last

M.I.

First

have received a copy of "Facing The Facts: A Parent's Guide to the Understanding of
Child Sexual Abuse" from the licensed or authorized representative of
Montessori Shir Hashirim.

Parent / Guardian signature

Date

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PHOTOGRAPHY RELEASE

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From time to time, Montessori Shir-Hashirim students are photographed by representatives of the news media or parents in conjunction with the student's academic and artistic endeavors. Students are also routinely photographed for inclusion in school related promotional and advertising materials that are disseminated to the public through newspapers and other forms of advertising, admissions materials, our website and other media. The release form below allows us to use your child's photo in such endeavors.

I hereby give permission for my child's photograph to be used by Montessori Shir Hashirim School in the following ways: to be filmed or photographed for promotional purposes (i.e. Montessori Shir Hashirim website, pamphlets, newsletters and News.

I hereby waive all rights to compensation.

Student's name _____ Date _____

Print name of parent or guardian

Signature of parent or guardian

DISCIPLINE AGREEMENT

School believes that all children desire to be productive, and in control of themselves. We also believe discipline should include acknowledging the child's contributions, respecting his achievements, and praising his progress. To that end, our discipline policy is designed to help our students develop self-discipline and self-respect.

Beginning with orientation and throughout the school year, the children are made aware of appropriate and considerate behavior, and why these are necessary for the enjoyment and harmony of the group. Through gentle reminders and consistent modeling the children become sensitive to the needs of others, and develop respect for their learning environment. When a gentle reminder is not enough the teacher will intervene, respectfully but firmly to stop the behavior. The teacher will redirect the child towards more positive, productive activity, so that he is able to feel proud of himself and his accomplishment.

If used consistently, this positive approach to discipline is extremely effective with most children. If a child does not respond, parent(s) or guardian will be called for a conference. Through close cooperation between home and school effective solutions can usually be found. If a child becomes too disruptive to remain in the classroom her parent(s) will be notified. In the event that a child becomes extremely disruptive, the child's parent (or guardian) will be notified and expected to retrieve the child as soon as it is feasible.

While a Montessori environment is normally successful with a very wide range of students, nothing is right for every child. One of our greatest challenges is to be objective, compassionate, and yet realistic in considering the needs of each child as a unique individual. When we fail despite our best efforts to work with the child to help him/her meet appropriate behavioral expectations within the school's fundamental ground rules, we sadly and reluctantly must counsel the family to seek out another school setting in which the child can experience success.

DISCIPLINE AGREEMENT

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By signing this sheet, I agree:

1. To support the staff in helping my child to develop appropriate classroom behavior and self-discipline.
2. If a child does not respond to the school's discipline policy after the best efforts of the parents and staff, he/she must be withdrawn from the school.
3. Grounds for immediate action include dangerous behavior, deliberate destruction of the learning environment, and severe disruption of the class.

POLICY ON BITING: While it is our belief that a young child who bites does so without malice, but rather as an expression of anger and frustration that he/she is unable to express verbally, it is nonetheless extremely dangerous. A child who bites must be excluded from the group, either temporarily or permanently depending on the severity of the situation. She/he also needs to be soothed and comforted, and shown ways to express his/her feelings safely.

Signature of parent or guardian

Date

RELEASE FORM - SCHOOL ACTIVITIES

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I hereby give my permission for my child to take part in all School activities, including field trips and sports away from school premises. Further I understand that certain school related activities such as travel, play on the playground, and sports contain an inherent risk or injury and on behalf on myself and my child, I hereby release the school, its agents and employees and waive any claim I or my child and/or our heirs, executors, administrators and assigns may have against them for any injury or disability incurred either at school or during any off campus activity except for claims arising from the active misconduct or gross neglect of school personnel. I also give my permission for the school to photograph my child and to use that photograph or likeness thereof for publicity purposes, and I hereby waive all rights to compensation.

Mother's / Guardian signature

Date

Father's / Guardian signature

Date

CONSENT AND CONTACT FORM

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This form is to be completed and signed by the child's parent or legal guardian.

NAME OF CHILD: _____

In the event the child named above is injured or ill, I understand that Montessori Shir Hashirim will attempt to contact me, the other parent, or the legal guardian at the telephone numbers provided below.

PARENT / LEGAL GUARDIAN NAME:

Telephone number: _____ on _____ hrs. / days

Telephone number: _____ on _____ hrs. / days

Telephone number: _____ on _____ hrs. / days

PARENT / LEGAL GUARDIAN NAME:

Telephone number: _____ on _____ hrs. / days

Telephone number: _____ on _____ hrs. / days

Telephone number: _____ on _____ hrs. / days

In the event that I or the others listed are not available, I give my permission to Montessori Shir Hashirim to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical serviced (EMS) system and arranging for transportation to _____ or the nearest emergency medical facility. At no time will Montessori Shir Hashirim drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Signature

Date

MEDICATION CONSENT

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STUDENT'S NAME _____ Today's Date _____

Name/type of medicine _____ Date prescribed _____

Date that last dose is to be given _____

WE ACCEPT MEDICINE ONLY IF YOU CAN ANSWER YES TO ALL THE QUESTIONS BELOW.

Circle an answer for each one.

Medicine consent form complete	Yes	No
Medicine in child-proof container	Yes	No
Medicine has original label	Yes	No
Child's name is on medicine	Yes	No
Label and parent's instruction match	Yes	No
Written instructions from the doctor	Yes	No

I give permission to Montessori Shir Hashirim to give the above-mentioned medicine to my child on the following dates and times:

Dates _____ Times _____

Side effects _____

Name and telephone number of Doctor who prescribed the medicine:

Doctor's name _____ Phone _____

Name of medicine	Dose	Date	Time	Given by	Comments

Print name of parent or guardian

Signature of parent or guardian

ADDENDUM

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There are times when your children may become sick during school hours. It is possible that between the time we contact you and the time you arrive, your child may experience more discomfort or an increase of temperature. If you would like us to give them Tylenol at such times, please sign below. Also, please make sure to send Tylenol, with your child's name, and the dosage.

CONSENT FOR ADMINISTERING TYLENOL

My child _____, who attends the Montessori Shir Hashirim, has my permission to be given Tylenol.

Parent's name: _____

Parent's signature: _____

Doctor's name: _____

Doctor's phone number: _____

If you would like us to give your children medication, you need to ask your physician to write instructions for the school. Attached is a form with the requirements. It is also mandatory that you complete a CONSENT AND CONTACT FORM along with this ADDENDUM.

CONSENT FOR MEDICAL TREATMENT

.....

As the parent, agency representative or legal guardian, I hereby consent to Montessori Shir Hashirim to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for _____

Name of child

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

The child listed above, has the following medication allergies:

Home address: _____

Phone numbers: _____

Parent / Guardian Signature

Date

PHYSICIAN TO BE CALLED IN EMERGENCY

Name: _____

Telephone: _____

Address: _____

Medi-cal number: _____

Medical insurance: _____

Insurance number: _____

Allergies or other medical limitations: _____

PERMISSION FOR MEDICAL TREATMENT. Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, i authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measure as are deemed necessary for the safety and protection of the child, at my expense.

Parent / Guardian Signature

Date