

Rockland Montessori Academy For Young Learners

AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ (name)

However, if I cannot be reached, I hereby authorize the Rockland Montessori Academy to transport my child to the _____ Hospital (or nearest hospital) and to secure for my child the necessary medical treatment. I understand the staff members in the preschool are trained in the basics of First Aid and I authorize them to give my child First Aid when appropriate.

Parent/Guardian
Signature _____ Date _____

EMERGENCY RELEASE FORM

I give my permission for my child to be released from the program and/or to be received at the end of the program to the following people (list at least two adults who are NOT parents):

Name _____ Relationship to child _____

Address _____ Phone number _____

Name _____ Relationship to child _____

Address _____ Phone number _____

Name _____ Relationship to child _____

Address _____ Phone number _____

Parent/Guardian
Signature _____ Date _____