



## Pine Lake Montessori School

2021 – 2022 School Year

### Student Emergency File

#### **Student Personal Information**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family Dr.'s name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Ontario Health Insurance Plan Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

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#### **Parents / Guardian's Personal Information**

Mother's Name: \_\_\_\_\_ Address (If different than the child's): \_\_\_\_\_

Home # (If different than the child's): \_\_\_\_\_ Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_

Mother's Employer / Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address (If different than the child's): \_\_\_\_\_

Home # (If different than the child's): \_\_\_\_\_ Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_

Father's Employer / Address: \_\_\_\_\_

In case of an emergency who should we contact first (easy to access): Mother \_\_\_\_ Father \_\_\_\_

#### **Emergency Contact Information (Other than the parents):**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Home#: \_\_\_\_\_ Business / Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Home#: \_\_\_\_\_ Business / Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Home#: \_\_\_\_\_ Business / Cell: \_\_\_\_\_

**Authorized people who the child can be released to (Other than the parents):**

First/Last Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone#: \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Parental Permission for Out-of-School Events:**

*I hereby give permission for my child to participate in the out-of-school events, daily walks and activities during the school year. Parents please note prior to each outing, safety procedures are discussed with the students. If there are any problems that may affect the comfort or wellbeing of your child, please give full details in writing and contact the office to discuss.*

**Parent / Guardian's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Authority, Release, Indemnity Agreement and Declaration:**

*I, the under signed, agree that in the event I cannot be reached at the time of illness or accident, or if the emergency is such that the time does not permit such contact, Pine Lake Montessori School is authorized to secure proper treatment, order injections, or provide any treatment, prescribed by the physician caring for my child, as well as arrange transportation to the emergency department of the nearest hospital with no liability on the part of the driver or of Pine Lake Montessori School and its agent and employees. I hold Pine Lake Montessori School, its agents and employees harmless from any and all claims, damages, liabilities or injuries to my child that are not the result of negligence of the school, its agents or employees, or are entirely beyond the control of this school, its agents or employees.*

**Parent / Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_