



Pine Lake Montessori School

2020 – 2021 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: _____

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: _____

Incase 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:** _____