



# Loudoun Montessori School

## Emergency Release Form 2023-2024

A new Emergency Release Form is required at the start of each school year. During the school year, you **MUST** update your form if any contact information changes at any time, if your child develops allergies or medical conditions we should be aware of, or to add/remove authorized individuals. **Please, complete all fields on both sides. Enter “No” or “N/A” if it does not apply.**

Child's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Address (Street, City, State, Zip Code):		
Guardian's/Mother's Name:	Email:	
Home Phone:	Cell Phone:	
Address (Street, City, State, Zip Code):		
Place Employed & Address:	Business Phone:	
Guardian's/Father's Name:	Email:	
Home Phone:	Cell Phone:	
Address (Street, City, State, Zip Code):		
Place Employed & Address:	Business Phone:	
Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	Primary Language Spoken at Home:	
Person(s) or Agency Having Legal Custody of Child:		
Previous School Attended:		

In the event of sickness or an accident, if the parent/guardian, or your physician or dentist, cannot be reached, may we use our physician, dentist, and/or the nearest hospital?

YES  NO

Medical Issues:
Medical Allergies & Reactions:
Food Allergies & Reactions and/or Food Restrictions:



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**Emergency Contacts:** In the event of an emergency, LMS is authorized to contact the following individuals, if the custodial parents/guardians cannot be reached. **You must provide at least TWO contacts with LOCAL addresses (other than the parents).**

1. Name:	
Address (Street, City, State, Zip Code)	
Business Phone:	Cell Phone:
2. Name:	
Address (Street, City, State, Zip Code)	
Business Phone:	Cell Phone:

**Persons Authorized Pick-Up:**

I authorize the additional individuals to pick-up my child from school:

1.
2.

**Persons NOT Authorized Pick-Up:**

I authorize the additional individuals to pick-up my child from school:

1.
2.

I give my permission to Loudoun Montessori School, when I or my physician cannot be reached, to take my child to the nearest dental office or to emergency care, when a physician deems it necessary for the well-being of my child. I understand that I am responsible for all of the costs that may be incurred in providing my child with the needed emergency care, due to an illness or an accident on school premises. I am also responsible for all hospital, medical, and/or dental bills for any long term care due to illness, or an accident on school premises. I understand that the school is not financially responsible for any hospital, ambulance, medical or dental care costs for my child.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**For Office Use:**

_____ Director		_____ Date	
Time of Program:	_____ Days	_____ Start Date	_____ Class