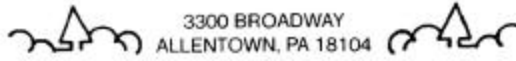


DATZYK MONTESSORI SCHOOL, INC.



610-395-6344

**EMERGENCY CONTACT /
PARENTAL CONSENT FORM**

Name of Child _____ Birth Date _____

Home Address _____ Home Telephone _____

City _____ Zip Code _____

Name of Father/Legal Guardian _____ Home Telephone _____

Address _____

Business Name _____ Bus. Telephone _____

Address _____

Name of Mother/Legal Guardian _____ Home Telephone _____

Address _____

Business Name _____ Bus. Telephone _____

Address _____

EMERGENCY CONTACT PERSON(S):

Name _____ Telephone number when child is in care _____

Name _____ Telephone number when child is in care _____

Name _____ Telephone number when child is in care _____

PERSON(S) TO WHOM CHILD MAY BE RELEASED:

Name _____ Address _____ Telephone when child is in care _____

NAME OF CHILD'S PHYSICAL/MEDICAL CARE

PROVIDER _____

Address _____ Telephone _____

SPECIAL DISABILITIES
(IF ANY) _____

ALLERGIES (INCLUDING MEDICATION REACTION)

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION

MEDICATION SPECIAL
CONDITIONS _____

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE
BENEFITS _____

POLICY NUMBER (REQUIRED) _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

ADMIN. OF MINOR FIRST AID PROCEDURES _____

OBTAINING EMERGENCY MEDICAL CARE _____

WALKS AND TRIPS _____

WADING _____

TRANSPORTATION BY THE FACILITY _____

SIGNATURE OF PARENT OR GUARDIAN _____

Date _____

PERIODIC REVIEW