



Emergency Information & Release Authorization

2010-2011 School Year

Please print this important information.

Child's Name

Classroom

Address and telephone where you can be reached while your child is in school:

Mother's Name

Mother's Daytime Telephone Number

Address during School Hours

Cell Phone or Pager

Father's Name

Father's Daytime Telephone Number

Address during School Hours

Cell Phone or Pager

Release of Child

In the event of an emergency where neither parent/guardian is able to pick up my child, I hereby authorize that my child may be released to the following named person(s) (at least one is required). It is understood that these individuals may also pick up my child at other times:

Name Driver's License No. Telephone/Cell Phone

Name Driver's License No. Telephone/Cell Phone

Name Driver's License No. Telephone/Cell Phone

I understand that the above listed people are the only individuals to whom my child may be released without my written consent. I further acknowledge that this is done for the safety and welfare of my child.

Signature of Parent Print Name Date

MONTESSORI CHILDREN'S HOUSE IS AUTHORIZED TO TAKE THIS CHILD FOR EMERGENCY MEDICAL TREATMENT IN THE EVENT THE PARENTS OR DOCTOR ON HEALTH FORM CANNOT BE REACHED.



Signature of Parent/Guardian

Please bring any changes in the above information immediately to the attention of the Head of School.

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	Driver Picking Up Child	Driver's License Number	Telephone Number
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please list any additional children participating with the child's carpool:

I understand that my child is to be brought to the school and left in the presence of a MCH faculty member. Children will be released to a parent or designated person only after verification of ID. I understand that it is my responsibility to call or inform the school in writing of changes.

Signature of Parent/Guardian

Date

3420 Clayton Road East • Fort Worth, TX 76116

(817) 732-0252 • (817) 732-6601 (FAX)

www.mchfw.com