



EMERGENCY INFORMATION & AUTHORIZATIONS

Child's Name: _____ DOB: _____
Child's Address: _____ Phone #: _____
Gender: _____ With whom the child resides: _____ Date of Admission: _____

GUARDIAN #1 INFORMATION

Last Name: _____ First Name: _____
Address: _____
Place of Employment/Occupation: _____
Email address: _____ ID/License#: _____
Cell#: _____ Work #: _____

GUARDIAN #2 INFORMATION

Last Name: _____ First Name: _____
Address: _____
PI of Employment/Occupation: _____
Email address: _____ ID/License#: _____
Cell#: _____ Work #: _____

EMERGENCY CONTACTS (other than parent/guardian)

Contact #1 Name: _____ Contact #2 Name: _____
Address: _____ Address: _____
Relationship: _____ Relationship: _____
Phone #1: _____ Phone #2: _____ Phone #1: _____ Phone #2: _____
**Princeton Montessori will not release a child to any person/s other than their guardian without prior permission from the guardian/s. I acknowledge that I must notify the school in advance if anyone other than the guardian/s is to pick up and must have ID: _____(initial)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: If the need arises for emergency medical care of my child, and I cannot be reached, I authorize the person in charge to take my child to the nearest medical facility or the choice listed below. _____ (Initials)

Name of Physician: _____ Address: _____

Phone #: _____

Choice for Emergency Care: _____

Insurance Carrier: _____ Insurance ID#: _____

I hereby give consent for any necessary emergency medical care for my child when in the care of a physician or emergency facility. _____ (Initials)

**I authorize ACE Montessori to make the decision to transport my child by way of emergency ambulatory services. I agree this service will be at my expense, and I agree to not hold ACE Montessori responsible for the actions of said emergency personnel.

Print Name: _____ Signature: _____ Date: _____

ALLERGIES/MEDICAL CONDITIONS: Please list any food restrictions, allergies, pre-existing conditions, recent hospitalizations, etc.:

ADMISSION REQUIREMENTS

Please have your child's physician sign and complete the following statement. We must have this statement within one week of admission. We must also have the most recent copy of your child's immunization record on file.

- Health Care Professional's Statement: I have examined the above child within the past year and find that he or she is able to take part in the day care program.

Signature of Health Care Professional: _____ Date: _____

Physician's Address: _____ Phone number: _____

Signature of Parent/Guardian: _____ Date: _____

REQUIREMENTS FOR EXCLUSION

____ I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious beliefs, on the form described by Section 161.0041 of the Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

VISION/HEARING REQUIREMENTS

The [requirements for vision screening](#) [PDF 584KB] apply each year for children enrolled in any licensed child care center and licensed child care home or school program at the ages or grades listed below:

**Children who are 4 years old by September 1st. These screenings must be presented within 120 days of admission.

The following data must be recorded: **Child's Name, Type of Screening, Date, Screener, and Screening Results.**

****These screenings are the responsibility of the parent or guardian of the child enrolling in Ace Montessori. The screening results must be submitted for the child's records on file.**

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.