

2020-2021 CALIFORNIA MONTESSORI PROJECT CHARTER SCHOOL MEDICAL AND EMERGENCY INFORMATION AND CONSENT

Student Name:	Date of Birth:	Sex: M F Non Binary	For Office Use Only: Grade: Class:
Name of parent/guardian student resides with during school week:			
Address:			
Primary Phone #:	Phone Type:	Other Phone #:	Phone Type:

1 st Contact Parent (and allowed to transport student)	2 nd Contact Parent (and allowed to transport student)
Name:	Name:
Physical Address:	Physical Address:
City/Zip:	City/Zip:
Primary Phone #:	Primary Phone #:
Phone Type:	Phone Type:
Other Phone #:	Other Phone #:
Email:	Email:
Business Name:	Business Name:
Business Address:	Business Address:
Business Phone #:	Business Phone #:
Additional Person who may be called and who may transport student	Additional Person who may be called and who may transport student
Name:	Name:
Relationship:	Relationship:
Address:	Address:
City/Zip:	City/Zip:
Primary Phone #:	Primary Phone #:
Phone Type:	Phone Type:
Secondary Phone #:	Secondary Phone #:
Phone Type:	Phone Type:
Other Phone#:	Other Phone #:
Phone Type:	Phone Type:

Any Legal Special Custody Arrangements: Please note below and provide a copy of legal court order.

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

