



2019 -2020 Pick Up Authorization

Child's Name \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

The following individuals have permission to pick-up child (in addition to above mother/father/guardian): (Must be 18 years of age or older)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Phone \_\_\_\_\_

The following individuals **do not have** permission to pick-up child:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Description \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Description \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



2019-2020 Family/Emergency Contact Info

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_  
Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Child Primarily Lives With \_\_\_\_\_ Phone \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Same as Above or Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Same as Above or Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contacts

(Must be adults (18 & over) in addition to the parents)

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This person is authorized to pick up my child from the school in cases of illness or injury.

Cell Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This person is authorized to pick up my child from the school in cases of illness or injury.

Cell Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



I have read and accept Mountain View Montessori's policies as outlined in the Parent Handbook located on the website at [www.mvmabq.com](http://www.mvmabq.com).

I am also aware of the posted Disaster Preparedness and Emergency Evacuation plan, along with the New Mexico Childcare Regulations and State Forms that are located in the foyer, on the counter, by the parent mailbox files.

Parent's Signatures \_\_\_\_\_

Date \_\_\_\_\_



**2019 - 2020 Health History/Records**  
(Please Print)

*A copy of the child's shot record is required with this form.*

Child's Name: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Medical/Insurance Info:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list and describe any pertinent health information for child (including allergies, medical issues, disabilities, etc...), if **None** you must indicate below:

\_\_\_\_\_  
\_\_\_\_\_

I (Mother/Father/Guardian) authorize Mountain View Montessori to arrange transportation that may be needed in the case of a medical emergency involving my child. I accept the cost of any emergency medical services that may be needed for my child. If my child becomes ill while at school, I will arrange for immediate pick-up of my child. **I will notify Mountain View Montessori of any medications that need to be administered to my child and complete the Administration of Medication form.**

**Mother/Guardian:**

**Father/Guardian:**

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_