



Children's House of Durango

Montessori Education

1689 West Third Avenue

Durango, CO 81301

970-259-1089

Date: _____

AUTHORIZATION FORM

Authorization for emergency medical care must be obtained from the parent of each student. I/We _____ hereby given my/our permission to Children's House Staff to call a doctor for medical or surgical care for my/our child, _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me/us before emergency action will be taken, but if this is not possible, the expenses of emergency treatment or care will be accepted by me/us.

Parent/Guardian

Parent/Guardian

Emergency Phone Numbers:

Parent/Guardian Name: _____

_____ (Home) _____ (Cell) _____ (Work)

Parent/Guardian Name: _____

_____ (Home) _____ (Cell) _____ (Work)

Backup Name: _____

_____ (Home) _____ (Cell) _____ (Work)

Name and number of child's physician: _____

Name and number of child's dentist: _____



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AUTHORIZED PICK-UP LIST

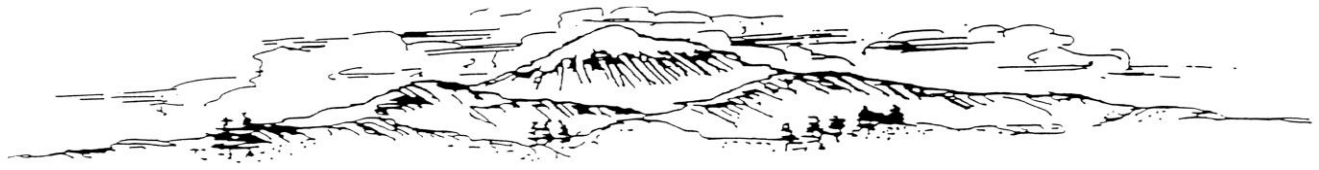
I hereby authorize the following people to pick up my child:

1. Name: _____
_____ (Home) _____ (Cell) _____ (Work)
2. Name: _____
_____ (Home) _____ (Cell) _____ (Work)
3. Name: _____
_____ (Home) _____ (Cell) _____ (Work)
4. Name: _____
_____ (Home) _____ (Cell) _____ (Work)

I understand that my child _____ will be released only to the persons on this list. The school must be contacted in writing to make any changes or additions to the authorized pick-up list.

Signature _____

Date _____



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CHILD'S MEDICAL STATEMENT

(To be completed by a licensed health care practitioner)

Child's name: _____ Sex: _____

Child's age: _____ Child's birth date: _____

Mother's name: _____ Father's name: _____

Address: _____ Phone number: _____

Surgery: _____

Accidents: _____

Illnesses: _____

Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention:

Allergies: _____

Vision exam results: _____

Hearing exam results: _____

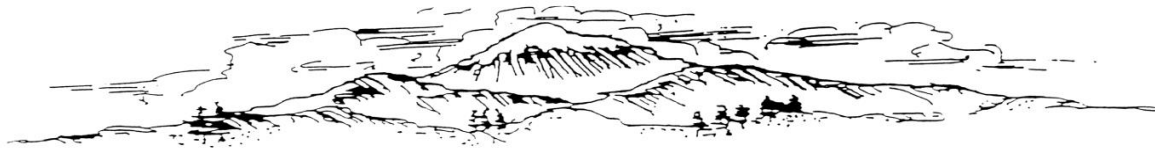
Physical findings: _____

Comments and recommendations to child care personnel: _____

***Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.**

Date: _____ Provider's Signature: _____

Provider's Phone: _____



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SUNSCREEN

Children's House staff members will be applying sunscreen to children 30 minutes prior to outdoor activities. We also recommend a sun hat as another way of providing protection and it can be kept in your child's bin. Please label the hat with your child's name if you choose to keep one here at school.

Please sign under **one of the following options:*

School Will Provide

A Children's House staff member has my permission to assist with applying or to apply a minimum of **SPF 30** sunscreen to my child's exposed skin 30 minutes before outdoor activities.

Signature _____

Date _____

Parent Will Provide

I choose to supply Children's House with a designated sunscreen for my child and a Children's House staff member has my permission to assist with applying or to apply this sunscreen to my child's exposed skin 30 minutes before outdoor activities. I understand that the sunscreen container must include my child's first and last name and will be kept at school in his/her bin. Children's House will notify me when the sunscreen is low so that I may provide a replacement.

Signature _____

Date _____