

2021-2022 CALIFORNIA MONTESSORI PROJECT CHARTER SCHOOL MEDICAL AND EMERGENCY INFORMATION AND CONSENT

Student Name:	Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Non Binary <input type="checkbox"/>	For Office Use Only: Grade: Class:
Name of parent/guardian student resides with during school week:			
Address:			
Primary Phone #:	<small>Circle Phone Type: Home/ Work/ Cell</small>	Other Phone #:	<small>Circle Phone Type: Home/ Work/ Cell</small>

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 #:
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
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:
Address:	Address:
City/Zip:	City/Zip:
Primary Phone #:	Primary Phone #:
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
Secondary Phone #:	Secondary Phone #:
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
Other Phone#:	Other Phone #:
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>

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

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

