

# 2022-2023 CALIFORNIA MONTESSORI PROJECT CHARTER SCHOOL MEDICAL AND EMERGENCY INFORMATION AND CONSENT

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

1 <sup>st</sup> Contact Parent (and allowed to transport student)	2 <sup>nd</sup> Contact Parent (and allowed to transport student)
<b>Name:</b>	<b>Name:</b>
<b>Physical Address:</b>	<b>Physical Address:</b>
<b>City/Zip:</b>	<b>City/Zip:</b>
<b>Primary Phone #:</b>	<b>Primary Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
<b>Other Phone #:</b>	<b>Other Phone #:</b>
<b>Email:</b>	<b>Email:</b>
<b>Business Name:</b>	<b>Business Name:</b>
<b>Business Address:</b>	<b>Business Address:</b>
<b>Business Phone #:</b>	<b>Business Phone #:</b>
<b>Additional Person who may be called and who may transport student</b>	<b>Additional Person who may be called and who may transport student</b>
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/Zip:</b>	<b>City/Zip:</b>
<b>Primary Phone #:</b>	<b>Primary Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
<b>Secondary Phone #:</b>	<b>Secondary Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
<b>Other Phone#:</b>	<b>Other Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>

<b>Any Legal Special Custody Arrangements: Please note below and provide a copy of legal court order.</b>
---

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE**

