

# Emergency Medical Authorization

## Summer Camp 2026

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or Guardian Name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

If a parent cannot be contacted in case of any emergency, Richmond Hill Montessori has my permission to contact the following persons in the order listed. The individuals listed are reliable persons who have time and transportation available during the child's school hours. These individuals are persons that this child knows well, and who can be called upon in an emergency to pick up this child from school and care for him or her. (At least one person must be listed.)

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Address \_\_\_\_\_ Driver's License \_\_\_\_\_

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Address \_\_\_\_\_ Driver's License \_\_\_\_\_

In the event that medical attention is required before either a parent, or guardian, or one of the emergency contacts can be reached, the following physician may provide or authorize any emergency medical treatment:

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

Address \_\_\_\_\_

In case of an emergency, when neither a parent, an emergency contact, nor the above physician can be reached, Richmond Hill Montessori has my permission to take my child by car or ambulance to the nearest hospital. The hospital personnel have my permission to perform treatment as necessary.

\_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_  
Signature Date

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

\_\_\_\_\_  
Notary Public \_\_\_\_\_ County of Texas

(Please complete the reverse side)

# Student Health Information

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Does this child have any health problems?      Yes      No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please list any food or drink your child is not allowed to have due to food restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any food or drink that may cause an allergic reaction leading to a medical emergency \_\_\_\_\_  
\_\_\_\_\_

Please list any medication your child should not have in the event of a medical emergency:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergic reactions your child may have: \_\_\_\_\_  
\_\_\_\_\_

Has this child experienced any serious injuries or illnesses or been hospitalized for any reason during the last 12 months?    Yes      No

If yes, please explain \_\_\_\_\_

Is this child on any long-term medications?      Yes      No

If yes, please explain \_\_\_\_\_

Note: If this medication must be given during the school day, please complete the Authorization Form.

Please describe anything else unique about your child's requirements during the school day.

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

\_\_\_\_\_  
Signature of Parent or Guardian      Date

**RICHMOND HILL MONTESSORI**  
**SUMMER CAMP 2026**  
**FAMILY INFORMATION UPDATE**

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent #1 Name** \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Parent #2 Name** \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

The following people are authorized to pick my child up from school. **(Please include authorized parents/guardians and other authorized individuals).**

<b>Name</b>	<b>Daytime Phone</b>	<b>Driver's License</b>
Parent #1: _____	_____	_____
Parent #2: _____	_____	_____
Others: _____	_____	_____
_____	_____	_____
_____	_____	_____

Special family circumstances of which we should be aware: \_\_\_\_\_

Parent or Guardian (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_