



Children's Rocky Mountain School, Inc.
126 Main Street, Carbondale, CO 81623
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970-963-2524

RELEASE FORM – Emergency Medical, Field Trips, Sunscreen, Media Use

I _____ and _____ give permission to
parent/guardian (print) parent/guardian (print)
Children's Rocky Mountain School, Inc. and/or any of its staff to obtain emergency medical treatment for
_____ as deemed necessary at the nearest medical facility by the attending medical
child's name
personnel at no cost to the School or its staff.

Parent/guardian Phone/Cell # Parent/guardian Phone/Cell #

Emergency contact person #1 Phone/Cell # Address

Emergency contact person #2 Phone/Cell # Address

Physician to be contacted if necessary:

Child's physician Phone Address Child's dentist Phone Address

Hospital of choice (Name, address and phone) _____
(nearest medical facility will be used in case of emergency)

Health Insurance Information:

Subscriber's Name _____ Policy Number _____

Company _____ Group Number _____

Address _____

Child's name _____ birth date _____ weight _____

List any health conditions, allergies, and/or medications being taken _____

YES___ NO___ I (we) give permission for my child to rest on a 2 inch mat for rest time.

YES___ NO___ I (we) give permission for my child to go on trips away from the school premises whether on foot or by van.

YES___ NO___ I (we) give permission for staff to administer NO-AD sunscreen to my child as needed.

YES___ NO___ I (we) give permission for my child to view educational media that corresponds with classroom activities.

YES___ NO___ All volunteers must sign a confidentiality agreement before working in the classroom. I (we) give permission for parent and community volunteers to interact with my child.

I (we) have read and understand this Emergency, Field Trip, Sunscreen, and Media Use Release form:

Signatures parent/guardian date parent/guardian date
(all parents/legal guardians must sign)