



DEARBORN HEIGHTS MONTESSORI CENTER
A school that inspires

Dearborn Heights Montessori Center
466 N. John Daly, Dearborn Heights, MI 48127
313-359-3000 (phone) 313-359-3003 (fax)
www.dhmontessori.org

Visitor Release

We are delighted to have your child as our guest today. As with our own students, our number one concern is your child's health and safety while under our care. While we never expect an emergency to arise, it is important for us to have the following information to allow us to respond to situations appropriately and promptly or to contact you, if necessary.

A copy of this form will be shared with the administrative team today.

Visitor Information

Name: _____ Date of Birth: _____

Address: _____

Visiting Grade: _____ Host Classroom: _____

Emergency Contact Information

Contact 1: _____ Relation to Visitor _____

Phone: _____ Other Phone: _____

Contact 2: _____ Relation to Visitor _____

Phone Number: _____ Other Phone: _____

Medical Information

Physician: _____ Phone: _____

Allergy Information: _____

Medications: _____

Any restrictions to your child's activities: _____

Does your child have any medical conditions of which the school should be aware? Please explain. _____

In case of emergency, I give qualified personnel permission to treat my child. I give further permission for health related information about my child to be shared with DHMC staff.

Signature of Parent/Guardian _____ Date: _____