

☐ **Downtown**
713-520-6801
☐ **Clear Lake**
281-488-7599



☐ **Silverlake**
281-412-5763
☐ **Pearland**
281-485-3567

Release Form for Students Without Health Insurance

My child, _____
in classroom/grade _____ is not covered under my health insurance
policy.

In case of an accident or serious illness, I request that the school contact me. If the school is
unable to reach me, I hereby authorize the school to call the physician indicated on the 2013-
2014 Emergency Card and follow his/her instructions. If it is impossible to contact the physician,
the school may make whatever arrangements seem necessary.

However, because my child is not covered under any medical insurance, I understand that my
child, in the event, emergency room/hospital care is necessary, be taken to Texas Children's
Hospital or nearest emergency facility chosen by the EMS personnel, and consequently, I hereby
release Montessori School of Downtown and all faculty staff and all losses, liabilities, expenses
and causes of action for personal injury or illness arising out of or resulting from, at any time,
directly or indirectly, my child's participation in activities, scholastic, athletic, or otherwise
school-related, on the Montessori School of Downtown campus or school related function and
field trips which take place off campus.

Parent/Guardian Signature: _____ Date: ____/____/____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

☐ **This form does not apply.**

Parent/Guardian Signature: _____ Date: _____