



### EMERGENCY INFORMATION

Please write clearly and legibly so we can read it in an emergency! Thank you

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

Parents or Guardians \_\_\_\_\_ Actual Start Date \_\_\_\_\_  
Please use the names you prefer to be called

Home Phone \_\_\_\_\_ Mom's cell \_\_\_\_\_ Dad's cell \_\_\_\_\_

Child's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Dad's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Employer \_\_\_\_\_  
Name Address Phone

Father's Employer \_\_\_\_\_  
Name Address Phone

Please list two local people authorized to pick up your child or to be contacted in case of an emergency:

1 \_\_\_\_\_  
Relationship Name Address Phone

2 \_\_\_\_\_  
Relationship Name Address Phone

I give permission to Mapleton Montessori School to take whatever steps may be necessary to obtain emergency medical care for my child should an emergency arise including calling a physician or ambulance. I understand that before any action is taken, a conscientious effort will be taken to locate me or my spouse and that any expenses incurred will be our responsibility. My hospital of choice is:

Hospital \_\_\_\_\_  
Name Address Phone

Child's Doctor \_\_\_\_\_  
Name Address Phone

Child's Dentist \_\_\_\_\_  
Name Address Phone

Allergies, medications, other health issues or areas of concern and prescribed routine for handling them at school:

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

Mom's (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Dad's (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

May we apply sunscreen at MMS?  
\_\_\_\_\_ yes \_\_\_\_\_ no

Leave area below blank for now. You'll initial & date a square each time the form is rechecked (at least annually). Thanks!

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