



**EMERGENCY INFORMATION**

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

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents or Guardians \_\_\_\_\_ Mom's Cell \_\_\_\_\_

Please use the names you prefer to be called

List child's home address(es) and relationship to child: \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

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

Relationship Name Address Phone

Relationship Name Address Phone

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

Child's Dentist \_\_\_\_\_ 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. The name and address of my hospital of choice are:

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

Allergies and prescribed routine for handling them at school: \_\_\_\_\_

Other areas of concern: \_\_\_\_\_

Sunscreen may be applied at school?  yes  no

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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