

EMERGENCY INFORMATION

DATE _____

Name: _____

Birth date: _____ Address: _____

City: _____ Zip: _____

Parent/Guardian

Telephone Numbers:

1. _____ Work: _____

Phone: _____ Home: _____

Fax: _____

2. _____ Work: _____

Phone: _____ Home: _____

Fax: _____

Alternate Persons to use in emergencies and may remove child from center (Must List Two)

Name 1. _____ Phone: _____

Name 2. _____ Phone: _____

Address: 1. _____ 2. _____

Physician: _____ Phone: _____

Address: _____

Allergies: _____ Medication: _____

Dentist: _____ Phone: _____

Address: _____

Who is Authorized to pick up my child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

WHO IS NOT AUTHORIZED TO PICK UP MY CHILD:

I give my permission to MacDonald Montessori School to make whatever emergency, (e.g. First aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the Center. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, (Police, Rescue Squad) deems it necessary. The child will be transported at our expense (insurance). It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and or other adult acting on the parent's behalf.

Signature: _____