

Name of child: _____ / _____ /M F/ _____
address sex birthdate

I authorize the Montessori Early Learning Center to transport my child in an emergency and to refer him/her to a physician in the event of an accident or sudden illness at a time when I cannot be reached, when my emergency contact cannot be reached, or my child's doctor. It is understood that a serious effort will be made to locate me or my spouse before any action is taken, but if it is not possible to locate us, this expense will be accepted by us.

Father: _____ / _____ / _____ / _____ / _____
name address phone: home work cell

Mother: _____ / _____ / _____ / _____ / _____
name address phone: home work cell

Physician: _____ phone: _____
address: _____

Allergies/Drug reactions/Special Instructions: _____

Child's health insurance policy and # _____

Emergency contacts:

Should the school be unable to contact us in the event of an emergency or illness, we wish that one of the two people below be contacted:

1. _____ phone: _____
Address: _____

2. _____ phone: _____
Address: _____

note: Emergency contacts should be reliable persons who are available and have transportation during your child's school session. This should be someone your child knows well who can be called upon in an emergency to pick him/her up from school and care for him/her.

Persons NOT permitted to pick up child: _____

Persons permitted to pick up child from Center: (name, address, phone)

- 1. _____ / _____ / _____
- 2. _____ / _____ / _____
- 3. _____ / _____ / _____

Signature of parent: _____ date: _____