

OAKS MONTESSORI SCHOOL

EMERGENCY INFORMATION

For: _____ Home Phone: _____

Address _____

Child's Date of Birth: _____

Child's Social Security # _____ Parent SS # _____

Name of Insurance Company and Policy # _____

Parent's Name _____

Parent's Work Phone # _____

Parent's Cell Phone # _____

Child's Physician: _____ Phone # _____

Should the school be unable to contact you in the event of an emergency, please list two people below to be contacted:

Name in Full	Phone	Cell Phone
_____	_____	_____
_____	_____	_____

Do we have permission to call the school physician if yours can not be reached? _____

Do we have permission to call an ambulance for your child in an emergency? _____

Is your child allergic to:

Any medication? Please specify _____

Any other substance (food, dust, animal fur, etc.) _____

Any medical restrictions or situations that we or emergency medical staff should be aware of?

Signature of Parent _____ Date _____