OAKS MONTESSORI SCHOOL

EMERGENCY INFORMATION

Child's Date of Birth:	Child's Social Security # Parent SS #
Name of Insurance Company and Policy #	Child's Social Security # Parent SS #
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 peop below to be contacted: Name in Full Phone Cell Phone 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.)	Name of Insurance Company and Policy #
Parent's Work Phone #	Parent's Work Phone #
Parent's Work Phone #	Parent's Work Phone #
Parent's Cell Phone #	Parent's Cell Phone #
Child's Physician: 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 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
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Any medical restrictions or situations that we or emergency medical staff should be aware of?	Ally other substance (100d, dust, allithal ful, etc.)
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	Signature of Parent Date