



DISCOVERY
MONTESSORI SCHOOL

Name: _____
Last First

Emergency Contact Information

Student Information:

Child's Name: _____ Age: _____ Birth Date: _____

Home Address (Street): _____

(City, State, Zip): _____

Preferred E-Mail: _____ Home Phone: _____

Parent Information:

Father's Name: _____

Mother's Name: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Emergency Contacts (other than parents)

Name	Relationship	Home #	Work #	Cell #

Allergies

Allergen	Type/Severity	Reaction (if applicable)	Treatment (if applicable)

May we have your child transported to a doctor or hospital? Yes No

May we contact your child's doctor? Yes No

Physician's Name: _____

Number: _____

I hereby give consent for any medical or dental treatment, anesthesia, surgical operations, radiology, and laboratory work recommended by the attending physicians assigned to my child at the nearest hospital.

I agree to keep the information on this sheet up-to-date, and understand its accuracy is critical to Discovery Montessori's ability to contact me in the event of an emergency.

Parent Signature: _____

Date: _____

Name _____

Authorized Pick-Up

*Please list all family, friends, babysitters, etc. to whom you feel comfortable releasing your children. We cannot dismiss them to a person not on this form. (This includes any parents/nannies for play-dates!)

The following persons have my permission to pick up my child(ren) from Discovery Montessori School:

Name	Relationship	Home #	Work #	Cell #

ALERTNOW can accommodate up to 5 phone numbers and 5 email addresses. If you prefer to have another contact person such as a caregiver responsible for pick up please make a substitution below. Anyone designated as an Alernow contact must also be authorized to pick up your child.

Name	Phone Number
Home Phone	
Parent 1 Cell	
Parent 1 Work	
Parent 2 Cell	
Parent 2 Work	

Name	Email
Home Email	
Parent 1 work email	
Parent 2 work email	