



*Enfield Montessori School & Chiaravalle Academy*  
**2023/2024 EMERGENCY FORM**

The following information is needed annually for each family. **Please print clearly in black or blue ink.**

_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth

Child(ren) live(s) with:     both parents     Parent A     Parent B

_____ Child(ren)'s Home Address	_____ City	_____ State	_____ Zip	_____ Home telephone
------------------------------------	---------------	----------------	--------------	-------------------------

**In case of emergency we will try to contact Parent A first:**

_____ Parent A: name	_____ Parent B: name
_____ Parent A: emergency/work number	_____ Parent B: emergency/work number
_____ Parent A: cell phone number	_____ Parent B: cell phone number
_____ Parent A: e-mail address	_____ Parent B: e-mail address
_____ Parent A: address (if different than child)	_____ Parent B: address (if different than child)
_____ City                                  State      Zip	_____ City                                  State      Zip
_____ Parent A: home phone (if different than child)	_____ Parent B: home phone (if different than child)

**Emergency Contact Information - Person(s) to call if a parent cannot be reached:**

Name	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In case of a medical emergency and you cannot be reached, please provide the following information:**

\_\_\_\_\_  
Name of Doctor to call

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Hospital to use

\_\_\_\_\_  
Telephone Number

**Permission for Pick-ups**

**State law also demands that we have written permission designating any person(s) other than parents/guardians who may call for their child(ren). The following person(s) have permission to pick up my child(ren).**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**EMERGENCY INFORMATION 2023/2024**