



Enfield Montessori School & Chiaravalle Academy

2024/2025 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: <input type="checkbox"/> both parents <input type="checkbox"/> Parent A <input type="checkbox"/> Parent B	

Child(ren)'s Home Address	City	State	Zip	Home telephone
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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	City
State	State
Zip	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 2024/2025