



612 Pebblebrook Drive, Allen, TX 75002
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EMERGENCY AUTHORIZATION

Child's Last:	First Name:
School:	
Mother's Name:	Father's Name:
Address:	
Guardian's Name (if different from Parents):	
Home Phone:	
Mother's Work Phone:	Mobile Phone:
Father's Work Phone:	Mobile Phone:

If a parent (guardian) cannot be reached in case of emergency, the Academy has permission to contact the following persons in the order listed:

Name:	Phone:
Address:	
Name:	Phone:
Address:	

Emergency contact must be reliable persons, who could make themselves available immediately and who have transportation during your child's attendance hours. They must be people whom your child knows well, and who can and are ready to pick your child up from school and provide care.

In case the services of a physician are required before either a parent (guardian) or one of the emergency contacts can be reached, the following doctor may give my child any treatment necessary. I (the parent or guardian) assume responsibility for payment of such professional service.

Doctor:	Phone:
Address:	

Is Your Child Allergic To Any Medications?	Please specify:
Is your child allergic to any other substance?	Please specify:

In case of an emergency, when a parent, guardian, emergency contact, or the above physician cannot be reached, the Academy has my permission to take my child by car, van or ambulance to a hospital. The hospital personnel have my permission to treat the child.

Date: _____ **Signature:** _____

School Official: _____