



The Discovery Montessori Inc.

6553 Ninth Line Mississauga ON L5N 7B9

Phone No: 905-824-9246

EMERGENCY INFORMATION CARD

CHILD'S FIRST NAME	M. I	CHILD'S LAST NAME	Date of Birth: Day / Month / Year
CHILD'S HEALTH CARD NO.			
PARENT 1 NAME			PARENT 1 CELL PHONE NO.
HOME ADDRESS - STREET NO & NAME	CITY		POSTAL CODE
PARENT 2 NAME			PARENT 2 CELL PHONE NO.
HOME ADDRESS - STREET NO & NAME	CITY		POSTAL CODE
ALTERNATE EMERGENCY CONTACTS			
NAME			CELL PHONE NO.
NAME			CELL PHONE NO.
DOCTOR/PHYSICIAN NAME			CELL PHONE NO.
CLINIC ADDRESS			POSTAL CODE
ANY SPECIAL OR MEDICAL INFORMATION THAT WOULD BE HELPFUL IN AN EMERGENCY			
ANY ALLERGIES			
ANY SPECIAL DIETARY REQUIREMENTS: E.G: VEGETARIAN, HALAL, KOSHER, GLUTEN FREE, VEGAN			
IN CASE OF AN EMERGENCY, WHICH ARISES, AS A RESULT OF AN ACCIDENT OR ILLNESS AND THE PARENTS OR THE EMERGENCY CONTACT PERSON CANNOT BE CONTACTED, PERMISSION IS GRANTED TO THE DISCOVERY MONTESSORI TO PROVIDE FIRST AID TO MY CHILD OR TAKE MY CHILD TO THE APPROPRIATE MEDICAL FACILITY FOR TREATMENT. I AGREE THAT ALL COSTS INCURRED INCLUDING AMBULANCE CHARGES ARE MY RESPONSIBILITY.			
Parent's Signature			Date