



# The Discovery Montessori

6553 Ninth Line

Mississauga, ON L5N 7B9 905-824-9246

## EMERGENCY INFORMATION

<b>CHILD'S NAME</b>	DATE OF BIRTH dd/mm/yyyy
<b>MOTHER'S NAME</b>	HOME PHONE NO.
CELL PHONE NO.	WORK PHONE NO.
HOME ADDRESS	WORK ADDRESS
POSTAL CODE	POSTAL CODE
<b>FATHER'S NAME</b>	HOME PHONE NO.
CELL PHONE NO.	WORK PHONE NO.
HOME ADDRESS	WORK ADDRESS
POSTAL CODE	POSTAL CODE

## ALTERNATE EMERGENCY CONTACTS

<b>NAME</b>	Phone No
<b>NAME</b>	Phone No
<b>DOCTOR/PHYSICIAN</b>	CHILD'S HEALTH CARD NO
<b>ADDRESS</b>	Phone No
<b>POSTAL CODE</b>	
<b>ANY SPECIAL OR MEDICAL INFORMATION THAT WOULD BE HELPFUL IN AN EMERGENCY</b>	
<b>ALLERGIES, OR DIETARY RESTRICTIONS IF ANY:</b>	
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.	
SIGNATURE OF PARENT OR GUARDIAN	DATE