

Monroe Montessori School 2020-2021 Emergency Contact Information

Each year we ask parents to fill out an updated Emergency Contact form. Thank you for helping us keep our contact information up to date and current.

Student name (Last, First) _____ DOB _____ Parents: _____

Best phone numbers to contact you: _____

Email Address _____

Address City Zip _____

In case of sickness or other emergency and I am unavailable the following people are authorized to pick up my child from school:

Emergency contact name #1 & Phone: _____

Emergency contact name #2 & Phone: _____

Emergency contact name #3 & Phone: _____

Name of Doctor or clinic for primary medical care/dental care: _____

Known allergic reactions (medicinal)/Other special health concerns _____

Insurance Company _____ Group Policy # _____

I understand every effort will be made to contact me in the event of an emergency. I give permission for emergency transportation and treatment. I accept full financial responsibility for medically necessary emergency treatment and services as determined by medical personnel. My address and phone number are correct.

Parent Signature _____ Date _____

Monroe Montessori School 2020-2021 Emergency Contact Information

Each year we ask parents to fill out an updated Emergency Contact form. Thank you for helping us keep our contact information up to date and current.

Student name (Last, First) _____ DOB _____ Parents: _____

Best phone numbers to contact you: _____

Email Address _____

Address City Zip _____

In case of sickness or other emergency and I am unavailable the following people are authorized to pick up my child from school:

Emergency contact name #1 & Phone: _____

Emergency contact name #2 & Phone: _____

Emergency contact name #3 & Phone: _____

Name of Doctor or clinic for primary medical care/dental care: _____

Known allergic reactions (medicinal)/Other special health concerns _____

Insurance Company _____ Group Policy # _____

I understand every effort will be made to contact me in the event of an emergency. I give permission for emergency transportation and treatment. I accept full financial responsibility for medically necessary emergency treatment and services as determined by medical personnel. My address and phone number are correct.

Parent Signature _____ Date _____