**Emergency Information Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Click here to enter text. | Home Phone | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent’s Contact Information** | | | | |
| Mother’s Name | Click here to enter text. | Father’s Name | Click here to enter text. |
| Mother’s Work | Click here to enter text. | Father’s Work | Click here to enter text. |
| Work Phone | Click here to enter text. | Work Phone | Click here to enter text. |
| Cell Phone | Click here to enter text. | Cell Phone | Click here to enter text. |
|  | | | | |
| **Physician’s Contact Information** | | | | |
| Physician’s Name | Click here to enter text. | Phone Number | Click here to enter text. |
| Address | Click here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **If you can not be reached, please list 2 people we might contact in an emergency.** | | | |
| Name | Click here to enter text. | Phone Number | Click here to enter text. |
| Name | Click here to enter text. | Phone Number | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **List anyone who has permission to pick up your child from school.** | | | |
| Name | Click here to enter text. | Relationship | Click here to enter text. |
| Name | Click here to enter text. | Relationship | Click here to enter text. |
| Name | Click here to enter text. | Relationship | Click here to enter text. |
| Name | Click here to enter text. | Relationship | Click here to enter text. |
| Name | Click here to enter text. | Relationship | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| I give Diamante Montessori permission to treat my child in the event of an emergency when I can not be reached. I also give permission to transport my child to the nearest medical facility should this be necessary. | | | |
| Parent’s Signature |  | Date |  |