**Emergency Information Form**

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

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| **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. |
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| **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. |

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| **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. |

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| **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. |

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| 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 |  |