

EMERGENCY INFORMATION CARD



Student Name: _____ D.O.B. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Phone: _____ Work: _____

E-mail Address: _____ Mobile: _____

Parent/Guardian: _____ Phone: _____ Work: _____

E-mail Address: _____ Mobile: _____

Physician & Hospital: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contact (other than parent or guardian)

Name/Relationship: _____

Phone: _____ Work: _____ Mobile: _____

Name/Relationship: _____

Phone: _____ Work: _____ Mobile: _____

In case of medical emergency, I understand that my child will be transported by ambulance to the nearest hospital. I authorize my child to receive emergency medical treatment if I cannot be reached or if I delay in reaching my child. If I cannot be reached at the number (s) listed above, I authorize Community Montessori School to make decisions, medical and otherwise, that they deem are in the best interest of my child.

Signature

Date

Does your child have specific dietary needs or food allergies? (i.e. dairy, gluten, peanut, other) _____

Is your child a vegetarian? _____

Other Allergies/Medications/Special Needs: _____

Please attach additional documentation including, but not limited to, signed physician's orders, signed medication schedules, such as nebulizer treatments, etc. Also, in accordance with the CMS Parent Handbook, please report all changes in your child(ren)'s medical condition(s) throughout the entire school year, so that we may maintain updated records at all times.



Transport Authorization List

Only those people listed on this form will be permitted to drop-off/pick-up your child; staff will ask for a picture ID to verify identity. Mid-year updates may be made via hardcopy or email but not via phone. Thank you!

Student Name: _____

Parent/Guardian: _____

Parent/Guardian: _____

The following people are authorized to transport my child to and from Community Montessori School:

Name: _____
Phone: _____ Work: _____ Mobile: _____
Email: _____

Name: _____
Phone: _____ Work: _____ Mobile: _____
Email: _____

Name: _____
Phone: _____ Work: _____ Mobile: _____
Email: _____

Name: _____
Phone: _____ Work: _____ Mobile: _____
Email: _____

Name: _____
Phone: _____ Work: _____ Mobile: _____
Email: _____

Signature _____

Date _____