

New Thought Montessori School
Identification and Emergency Information

Child's name _____ Birthdate _____

Home Address _____

Mother's Name _____ Contact Number _____

Father's Name _____ Contact Number _____

Are parents married? _____ Are parents both legal guardians? _____

If an emergency occurs, mother and father will both be contacted first. If we are unable to reach both of you, please list an emergency contact person below.

Emergency contact person other than parents:

Name _____ Contact Number _____

Child's Usual Source of Medical Care

Doctor's Name _____

Address _____

Contact Number _____

Special Conditions, Disabilities, Allergies, or Medical Information:

I give permission to the staff at New Thought Montessori School to make appropriate decisions regarding medical emergencies, first aid, etc, for the safety and well being of my child while in their care. I understand that in an emergency, if 911 would need to be called, my child may be transported to a local emergency unit if emergency responders deem necessary. I understand that I will be responsible for all charges not covered by my medical insurance. I give consent for the emergency contact listed to act on my behalf if both parents are not reached in an emergency.

Mother's or Guardian Signature _____ Date _____

Father's or Guardian Signature _____ Date _____

