

Emergency Information

The Manor Montessori School 2017 - 2018

Please fill out the information and return it to your child's teacher on the first day of school.

This information is for the teacher's use and will travel with the class on all activities to the playground and on any trips outside of the school such as a field trip or an emergency evacuation.

Name of Child: _____ Today's Date: _____

Birthday: _____ Age: _____

Home Address: _____

City: _____ State: _____ zip: _____

Home Phone: _____

Mother's Name: _____ cell: _____

Work Phone: _____ Place of work: _____

Father's Name: _____ cell: _____

Work Phone: _____ Place of work: _____

Name of a family member or friend that can be called in an **emergency**. I give permission for the following people to pick up my child if parents are not reachable.

Name: _____ home: _____ cell: _____

work phone: - _____ other: _____

Name: _____ home: _____ cell: _____

work phone: _____ other: _____

Name of Doctor: _____ Phone: _____

If your child has an allergy or other health condition please talk to the teacher directly.

List any allergies or health conditions: _____

The following people have permission to pick up my child at any time. This includes an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital.

Signature of Parent / Guardian: _____ **Date:** _____

Photo Release: I / We authorize that our child _____ may have his / her photograph taken to be used in the classroom, for the year book, and for The Manor Montessori website.

Signature of parent / Legal Guardian: _____ **Date:** _____