

# Monroe Montessori School Emergency Contact Information

Each year we ask parents to fill out an updated Emergency Contact form. Thank you for helping us keep our contact information up to date and current.

Student: \_\_\_\_\_ DOB \_\_\_\_\_ Parents: \_\_\_\_\_

Best phone numbers to contact you: \_\_\_\_\_

Email Address \_\_\_\_\_

Address City Zip \_\_\_\_\_

In case of sickness or other emergency and I am unavailable the following people are authorized to pick up my child from school:

Emergency contact name #1 & Phone: \_\_\_\_\_

Emergency contact name #2 & Phone: \_\_\_\_\_

Emergency contact name #3 & Phone: \_\_\_\_\_

Name of Doctor or clinic for primary medical care/dental care: \_\_\_\_\_

Known allergic reactions (medicinal)/Other special health concerns \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group Policy # \_\_\_\_\_

I understand every effort will be made to contact me in the event of an emergency. I give permission for emergency transportation and treatment. I accept full financial responsibility for medically necessary emergency treatment and services as determined by medical personnel. My address and phone number are correct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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