

**Casa Montessori Preschool  
Child's Emergency Contact Information Form**

First Day of Attendance: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Child's Information: \_\_\_\_\_

	Last Name	First	Middle	Birth Date
Address: _____				
Street	City		Zip Code	

Parent/Guardian Information:

Father's Name	Business Address	Business Phone	Cell Phone
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Mother's Name	Business Address	Business Phone	Cell Phone
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Child's Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: SJPMC Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for Emergency Medical

Transportation / / Yes \_\_\_\_\_ Initials / / No \_\_\_\_\_ Initials of parent or guardian

Treatment / / Yes \_\_\_\_\_ Initials / / No \_\_\_\_\_ Initials of parent of guardian

Name 2 local Emergency Contacts (other than parents or guardian)

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

At the end of the day or during any day my child may be release to the person or persons that have legal custody or the following persons:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

I have read and understand the parent handbook: \_\_\_\_\_ Initials of parent or guardian

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

\_\_\_\_\_  
Date

