

Jonathan Montessori Emergency Information _____

School Year 2016-2017

(Please Print Clearly – ALL SECTIONS MUST BE FILLED IN COMPLETELY)

Name & Birthdate of Child 1 _____ / / _____	Name & Birthdate of Child 2 _____ / / _____	Name & Birthdate of Child 3 _____ / / _____
Please list health conditions, allergies and treatments _____ _____		
<input type="checkbox"/> Check this box if your child has an emergency action plan for health reasons on file at the school		

<u>First Parent Information</u>	Phone Numbers:
Name: _____	Home: () _____
Address: _____	Cell: () _____
City: _____ State: _____ Zip: _____	Work: () _____
E-Mail Address: _____	

<u>Second Parent Information</u>	Phone Numbers:
Name: _____	Home: () _____
Address: _____	Cell: () _____
City: _____ State: _____ Zip: _____	Work: () _____
E-Mail Address: _____	

Local Emergency Contacts authorized to pick up child(ren) when parents are not available:	
Name: _____	Name: _____
Complete Address: _____	Complete Address: _____
Phone # 1 () _____	Phone # 1 () _____
Phone # 2 () _____	Phone # 2 () _____
Relationship to Child(ren) _____	Relationship to Child(ren) _____

<u>Preferred Hospital:</u> _____	
Physician: _____	Dentist: _____
() _____	() _____
Clinic Name: _____ Phone Number _____	Clinic Name: _____ Phone Number _____
Clinic Address _____	Clinic Address _____

Signature of Parent or Guardian

Date