

The Montessori Day School, Inc.
Emergency Card and Release Form
2010-2011

Child's name _____ Date of Birth _____
(Please print)

Home Address _____ Zip _____ Phone _____

Child primarily resides with _____ Phone _____

Mother's Name _____ Cell phone _____

Mother's Address _____ E-mail address _____

Mother's Employer _____ Business phone _____

Father's Name _____ Cell phone _____

Father's Address _____ E-mail address _____

Father's Employer _____ Business phone _____

NM STATE LAW REQUIRES TWO ABQ EMERGENCY CONTACTS OTHER THAN PARENTS.

1) Name _____ Home/Business phone _____ Cell phone _____

Address _____ Relationship _____

2) Name _____ Home/Business phone _____ Cell phone _____

Address _____ Relationship _____

Comments: Please list special problems, allergies (including medications), cardiac defect, convulsions, etc.

EMERGENCY MEDICAL CARE INFORMATION:

Physician name _____ Phone _____

Hospital name _____ Phone _____

Dentist name _____ Phone _____

Persons responsible for taking child from center: (Child will not be allowed to leave with any other persons without written authorization from parent or guardian. ID may be requested.)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Grandparents:

Mother's side

Name _____ Phone _____

Address _____ E-Mail _____

Father's side

Name _____ Phone _____

Address _____ E-Mail _____

Permission to Take Child to Doctor - I authorize The Montessori Day School, Inc to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at (1) the closest hospital available in case of dire emergency or (2) the hospital of the parent's choice. It is understood that conscientious effort must be made to notify me before such action is taken, but if it is impossible to locate me at the time needed, the uninsured expense of this service will be accepted by me.

If designated doctor or dentist is not available, may we call any licensed doctor? Yes _____ No _____

Insurance Company _____ Policy # _____ Group # _____

Please include a photocopy of Insurance Card for emergency purposes.

I understand that I will not knowingly bring my child to school sick. If my child becomes ill at school, I will arrange for immediate pick up.

I have read the Parent Handbook. I understand and support the philosophy and the curriculum of The Montessori Day School, Inc. I agree to adhere to the policies and procedures stated therein.

Parent's signature Date

Parent's signature Date