

11/12 MONTESSORI EPISCOPAL SCHOOL EMERGENCY CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____

Home Address: _____

City/Zip: _____ Phone: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Name of other person to be contacted in case of an emergency:

1. _____ Address: _____

Relationship (sitter, friend, relative) _____ Phone: _____

2. _____ Address: _____

Relationship (sitter, friend, relative) _____ Phone: _____

Authorization is hereby given for MES to release the above named child to the following persons, provided proper identification is first established, (list all names of authorized persons, including immediate family):

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Physician to be called in an emergency: _____ Phone: _____

Physician's Address: _____

Car Pool Information: _____

I, the undersigned, authorize the staff of Montessori Episcopal School (MES) to take what emergency medical measures are deemed necessary for the care and protection of my child enrolled at MES.

Signature of Parent or Guardian _____ Date _____

Signature Witnessed by _____ Date _____

E-mail Address: _____

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