



## Emergency Contact and Medical Information

### **Family Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: Cell- (\_\_\_\_) \_\_\_\_\_ Work- (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: Cell- (\_\_\_\_) \_\_\_\_\_ Work- (\_\_\_\_) \_\_\_\_\_

### **Alternative Emergency Contacts/Persons Allowed to Pick-Up Child**

*If additional contacts need to be added, please attach another form to the back of this sheet.*

Primary Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: Cell- (\_\_\_\_) \_\_\_\_\_ Work- (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: Cell- (\_\_\_\_) \_\_\_\_\_ Work- (\_\_\_\_) \_\_\_\_\_

### **Medical Information**

Hospital Preference: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Allergies or Special Health Considerations: \_\_\_\_\_  
\_\_\_\_\_

*I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the event of an emergency.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I give permission for my child's image to be used in print, commercial, and online publications of Children's Montessori School of Georgetown, Inc.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I give my permission to have pets in my child's classroom, both indoor and outdoor, including cats, rabbits, guinea pigs, birds, fish, and tadpoles.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Please notify staff immediately of any changes to this form so that student records remain current at all times. A new form will be filled out at the beginning of each school year.*