



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.*