



Emergency Contact Information

2019-2020

Child's Name _____

Date of Birth _____

Please indicate the Parent/Guardian to contact in case of an illness or emergency. The School will call the Primary Contact (Parent/Guardian #1)'s primary phone number first. Please indicate if phone numbers are for **home, cell, or work**.

Parent/Guardian #1 (Primary Contact)

Parent/Guardian #2

Name _____

Name _____

Primary phone _____

Primary phone _____

Secondary phone _____

Secondary phone _____

Address _____

Address _____

Email address _____

Email address _____

If we are unable to reach a child's Parent(s)/Guardian(s), we will attempt to reach the persons listed below. The person contacted first will then assume responsibility until the Parent(s)/Guardian(s) are located and notified.

Emergency Contact #1

Emergency Contact #2

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Address _____

Address _____

Approved for pick-up? Y / N

Approved for pick-up? Y / N

Please list others authorized to pick up your child:

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Please list anyone who is not authorized to take your child from school: _____

Medical and Dental Information

Child's Physician _____

Insurance _____

Physician's address _____

Insurance ID# _____

Physician's phone _____

Insurance Group# _____

Child's Dentist _____

Subscriber _____

Dentist's address _____

Dentist's phone _____

Please list any known allergies: _____

Please provide specific instructions of special conditions, disabilities:

If there is anything else you would like to share with us, please note it here: _____

Signatures required on reverse side

Parent/Guardian Emergency Authorization

I, Parent/Guardian, give consent to Cathedral Hill Montessori School to administer to my child (named above) emergency first aid by program staff. I understand that if necessary 911 may be called and my child may be transported to receive emergency care. I understand that I will be responsible for all emergency transportation and all charges not covered by insurance. I give consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to update this information whenever a change occurs.

Parent/Guardian #1 Signature **Date**

Parent/Guardian #2 Signature **Date**