

Montessori Family School, LLC

Emergency Information Form

Child's Last Name: _____ First Name: _____ M.I. _____

House number & street: _____

Town: _____ Zip Code: _____

Mother's workplace: _____ Phone #: _____

Father's workplace: _____ Phone #: _____

In case of emergency, please list two (2) relatives or neighbors who will assume temporary care of your child if you can not be reached.

1. Name: _____ Phone #: _____

Relationship: _____

2. Name: _____ Phone #: _____

Relationship: _____

Medical Information

Local physician's name: _____

Physician's phone # : _____

Allergies to medication: _____

Medication taken regularly: _____

RELEASE INFORMATION FORM

Montessori Family school will release children ONLY to the people listed below:

In case someone other than the listed will be picking up your child, please call the school and notify name of person doing so.