



UOS Goldberg Montessori School Emergency Form School Year 2017-2018
ALL AREAS MUST BE COMPLETED

Student's Last Name _____ First Name _____

Birthdate _____ Home Phone _____

Address _____

Mother's Name _____ Father's Name _____

Mother's Daytime # _____ Father's Daytime # _____

Mother's Cell# _____ Father's Cell# _____

Mother's E-mail _____ Father's E-mail _____

Emergency Contact info: Name _____ # _____

Address _____

In case of injury or illness of a child at school, every effort will be made to contact a parent or guardian, as well as a physician. In the event of a medical emergency, I authorize the staff to obtain emergency treatment for my child. The following instructions will remain in effect unless revoked by parent or legal guardian:

If injury or illness is minor, give child first aid? Yes _____ No _____

If injury is serious or parent cannot be contacted, do you wish your personal physician to be contacted? Yes _____ No _____

Physician's Name _____

Address _____ Phone _____

Call an Ambulance? Yes _____ No _____

UOS Goldberg Montessori
Transportation Information

My child has permission to be picked up by the following people: IF you do not want to list anyone you MUST indicate below- it cannot be left blank.

Name Address (mandatory) Phone Number (mandatory)

Three horizontal lines for listing pickup people.

Hospitalization Insurance Co. _____ Insurance Policy # _____

Parent's Signature Date

OFFICE USE ONLY ADMISSION DATE: _____