

EMERGENCY INFORMATION

(Please complete this form **LEGIBLY** and return to the office)

Child's Name	Date of Birth	SS#
Medications	Height	Weight
Allergies / Special Health Considerations		
Side Effects		
Physician, Location & Phone		

PARENT INFORMATION

Parent /Guardian	Parent /Guardian
Cell Work	Cell Work
E-Mail	E-Mail
Address	Address
City, ST, Zip Code	City, ST, Zip Code
Other contact number (Home, Beeper, etc.)	Other contact number (Home, Beeper, etc.)

EMERGENCY CONTACTS/OTHER THAN PARENTS

Primary Contact	Secondary Contact
Cell Work	Cell Work
E-Mail	E-Mail
Address	Address
City, ST, Zip Code	City, ST, Zip Code
Other contact number (Home, Beeper, etc.)	Other contact number (Home, Beeper, etc.)

INSURANCE & MEDICAL RELEASE

I hereby authorize Clemson Montessori School, to seek qualified medical assistance in the event of my child's injury or illness while at the school or attending a school function, in the event that I am unable to be reached in a reasonable length of time. I also authorize Clemson Montessori School to transport my child to a medical facility if an emergency situation occurs which would warrant immediate medical attention.

Parent/Guardian's Signature _____ Date _____

*******Please attach copy of Insurance card/information. If coping card please send front and back. Thank you*******