



# Montessori Day School

*Building a Lifelong Love of Learning*

## Emergency Student Medical Information

Student Last, First and <u>Middle</u> Name:  Birthdate:  Home Address:  Home Phone:	Sibling/s Full Name/s and Birthdates:
Height and Weight:	
Allergies or health concerns we should be aware of:	
Child's Physician, Phone/Email:	
Child's Dentist, Phone/Email:	

In the emergency contact information below, please asterisk or circle the primary caregiver information that may be listed in the MDS Family Directory and Class Contacts list. **If no indications are made, all home and phone information from Parent/Guardian #1 & #2 will be included in our directories.**

## Primary Emergency Contact Information

Parent/Guardian #1 Name:	Parent/Guardian #2 Name:
Relationship to Child:	Relationship to Child:
Mobile Phone:	Mobile Phone:
Primary Email:	Primary Email:
Home Address:	Home Address:
Home Phone:	Home Phone:
Business Address:	Business Address:
Business Phone:	Business Phone:

### Secondary Emergency Contact Information

Parent/Guardian #3 Name:	Parent/Guardian #4 Name:
Relationship to Child:	Relationship to Child:
Mobile Phone:	Mobile Phone:
Primary Email:	Primary Email:
Home Address:	Home Address:
Home Phone:	Home Phone:
Business Address:	Business Address:
Business Phone:	Business Phone:

### Who Else Is Authorized To Drop Off Or Pick Up Your Child?

Caretaker's First and Last Name:	Caretaker's Phone and Email:

### If Parents/Guardians and Other Caregivers Aren't Available:

Caretaker's First and Last Name:	Caretaker's Phone and Email: