

## Emergency Information Form

For the safety of your child, it is imperative, and the responsibility of the parent, to keep this form up to date. Please notify Children's House if any information on this form changes.

Child's Name: _____	Nickname: _____	Sex: ___	Birth Date: _____
Parent or Guardian's Name: _____			
Child's Address: _____	Parent's Address: _____		
_____	_____		
Telephone #: _____	Telephone #: _____		
Mother's Place of Work: _____	Father's Place of Work: _____		
Address: _____	_____		
_____	_____		
Telephone #: _____	Cell #: _____	Telephone #: _____	Cell #: _____

Physician's Name: _____	Clinic Name: _____
Address: _____	Address: _____
_____	_____
Telephone #: _____	Telephone #: _____

Please provide all information for 3 emergency contacts that can be called in the event you cannot be reached. These must be 3 people who live locally. Be sure to put them on your transportation form as well.

Name: _____	Work Telephone #: _____
Address: _____	Home Telephone #: _____
_____	Cell #: _____

Name: _____	Work Telephone #: _____
Address: _____	Home Telephone #: _____
_____	Cell #: _____

Name: _____	Work Telephone #: _____
Address: _____	Home Telephone #: _____
_____	Cell #: _____

**Allergies/Health Issues:** \_\_\_\_\_  
The Parents/guardian authorizes Children's House Montessori School or its staff to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located

 **Children's House Montessori School**

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immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately. By signing this agreement, the parents/guardian agrees to be responsible for payment of medical care expenses. Medical treatment costs are covered by:

Please provide the information for one of the following:

Private Insurance

Insured By: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medicaid Coverage

Identification Number: \_\_\_\_\_

Other Medical Insurance (i.e. Military)

Insured By: \_\_\_\_\_

Policy Number: \_\_\_\_\_

No Insurance

Physician's Name and Primary Clinic \_\_\_\_\_

\_\_\_\_\_  
Signature of Parents/Guardian

\_\_\_\_\_  
Date

NOTE: If there is an objection to seeking emergency medical care, a statement must be obtained from the parents/guardian that states the objection and the reason for the objection.

This form is kept by Children's House Montessori School and will be taken on field trips and to the doctor or treatment facility in case of an emergency.

(Adapted from *The Director's Toolbox*, Virginia Department of Social Services, Division of Licensing)