



EMERGENCY PROCEDURE 2024 – 2025 School Year

We are required by law to collect the following information. All fields must be complete!

Student's Name: _____ Date of Birth: _____

Parent 1 Name: _____ Relationship: _____

Home Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Email: _____ Employer: _____

Work Address: _____

Parent 2 Name: _____ Relationship: _____

Home Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Email: _____ Employer: _____

Work Address: _____

EMERGENCY INFORMATION

Allergies: _____

Dietary Restrictions: _____

Chronic Medical Conditions: _____

Ongoing Medications: _____

Insurance Carrier: _____ Policy / Member ID: _____

Child's Physician: _____

Name Phone

Address

Preferred Hospital: _____

Name Phone

Address

Child's Dentist: _____

Name Phone

Address

OVER

PICK-UP AUTHORIZATIONS

The following people are authorized to pick-up my child at any time without written notice. (Parents need not be listed.)

Name: _____ Relationship: _____
Phone: H _____ C _____ W _____
Complete Address: _____

Name: _____ Relationship: _____
Phone: H _____ C _____ W _____
Complete Address: _____

Name: _____ Relationship: _____
Phone: H _____ C _____ W _____
Complete Address: _____

EMERGENCY CONTACTS

The following people are prepared to pick-up my child if he/she is ill and I cannot be reached, or in the event of an emergency. (Parents need not be listed.)

Name: _____ Relationship: _____
Phone: H _____ C _____ W _____
Complete Address: _____

Name: _____ Relationship: _____
Phone: H _____ C _____ W _____
Complete Address: _____

Name: _____ Relationship: _____
Phone: H _____ C _____ W _____
Complete Address: _____

SPECIAL INSTRUCTIONS

Special instructions for reaching parent(s) in an emergency: _____

CONSENT FOR EMERGENCY TREATMENT

I authorize the staff at Forest Park Montessori School to act accordingly in the case of an emergency. This includes calling 911 before attempting to contact me or my spouse, to administer first aid and/or CPR to my child, to call my child's doctor should the need arise, and to arrange for transport to a hospital or urgent care facility by whatever means necessary. If I am unavailable, I give consent for the emergency contacts listed above to act on my behalf until I can be reached, and for school officials to take whatever action is deemed necessary in their judgment for the health and safety of the aforementioned student. I will not hold Forest Park Montessori financially or legally responsible for the emergency care or transportation of the aforementioned student.

Parent 1 Signature

Parent 2 Signature

Date