



## EMERGENCY PROCEDURE 2025 – 2026 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