



Little Explorers Montessori School

Where the heart, mind, and spirit grow together

Emergency Contact and Medical Information 2021-2022

Child's Name _____ Date of Birth _____ Sex - M F

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Primary Phone () Secondary Phone () Primary Phone () Secondary Phone ()

I can receive texts at this number : () I can receive texts at this number : ()

Alternative Emergency Contacts

Primary Emergency Contact _____ Secondary Emergency Contact _____

Primary Phone () Secondary Phone () Primary Phone () Secondary Phone ()

Relationship to child _____ Relationship to child _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Physician's Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations

Does your child have allergies or special health considerations? YES NO

If yes, please use Allergy and Special Health Considerations Form on back

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed and prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **only** in the event that parent/guardian or emergency contacts can't be reached in the case of an emergency.

Parent/Guardian's Name _____ Parent/Guardian's Signature _____ Date _____