



Little Explorers Montessori School

Where the heart, mind, and spirit grow together

### Emergency Contact and Medical Information 2023-2024

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 \_\_\_\_\_