

**Heartwood Montessori School**  
**Emergency Care Information 2019-20**

Date \_\_\_\_\_

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_

Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Mother's email \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Father's Cell \_\_\_\_\_ Father's email \_\_\_\_\_

Home Address \_\_\_\_\_

Known allergies \_\_\_\_\_

Other health information \_\_\_\_\_

Child's doctor \_\_\_\_\_ Office ph. \_\_\_\_\_ Office address \_\_\_\_\_

Child's dentist \_\_\_\_\_ Office ph. \_\_\_\_\_ Office address \_\_\_\_\_

Hospital preference (MUST specify) \_\_\_\_\_

If neither parent (or guardian) can be contacted, call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

*By signing or checking this box, I certify that I* \_\_\_\_\_  
*have read and understood the above agreement.* Parent's signature Date

Authorized persons to whom your child may be released:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Operator's signature Susan Daniel