



THE NEW SCHOOL MONTESSORI CENTER

Emergency Contact Form

Legal Name of Child _____ [] Male [] Female

Preferred Name _____ Date of Birth _____

Home Address _____

Home Phone # _____ Emergency Text Number(s) _____

Mother (or Guardian's) Name _____

Cell # _____ Work # _____ Email _____

Place of Employment _____

Father (or Guardian's) Name _____

Cell # _____ Work # _____ Email _____

Place of Employment _____

Please provide three (3) local emergency contacts who may be called in the event we cannot contact either parents or legal guardians.

1. Name _____ Phone # _____

Address _____ Relationship _____

2. Name _____ Phone # _____

Address _____ Relationship _____

3. Name _____ Phone # _____

Address _____ Relationship _____

Please list all persons who have permission to pick up child up from school. We will not release your child to any person who is not on this list.

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

Please list any special instructions you would like the school faculty to carry out in the event your child becomes ill or has an accident.

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Hospital of Choice (**Please do not write "Closest"**) _____

In the event I or the emergency contacts listed on this form are not available, I give permission to The New School to provide first aid to the child named above and to take appropriate measures including contacting (EMS) Emergency Services and arranging transportation to a hospital if necessary.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____