



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 \_\_\_\_\_