



# Elm City Montessori School

2014-2014 Emergency Contact Card



## EMERGENCY CONTACT CARD (Please Print)

**Student:** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's Preferred Language of Communication: Written \_\_\_\_\_ Oral \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**Parent/Guardian #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's Preferred Language of Communication: Written \_\_\_\_\_ Oral \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**ADDITIONAL PERSONS AUTHORISED FOR PICK-UP (please list 3):**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Order of Protection Exists? Yes No (documentation may be requested)

**IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD > > > > > > > > > > > > > > > > > > >**

### HEALTH INFORMATION

Name of Physician/Clinic: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Health Alert**

Does child have any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Allergies \_\_\_\_\_

Birth to 3 services for the current year? Yes \_\_\_\_\_ No \_\_\_\_\_ Previous Year? Yes \_\_\_\_\_ No \_\_\_\_\_

ECAT services for the current year? Yes \_\_\_\_\_ No \_\_\_\_\_ Previous Year? Yes \_\_\_\_\_ No \_\_\_\_\_

My child has (X any that apply): Private health insurance: \_\_\_\_\_ Medicaid: \_\_\_\_\_ No health insurance \_\_\_\_\_

If “No Health Insurance,” are you willing to share contact information from this card to learn about insurance options? Yes No

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

\_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.  
The recommendation of the parent as indicated above will be respected as far as possible.

Siblings:	Last Name	First Name	School of Attendance
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Principal will be notified in writing of any changes to information on this card

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date