

THE PARKSIDE MONTESSORI SCHOOL

53 norwood avenue, upper montclair, nj 07043 (973)509-7379

EMERGENCY FORM

CHILD'S NAME _____ BIRTHDATE _____
(Last) (First)

ADDRESS _____ TEL. _____

PARENT'S NAME _____ Cell # _____

Home Address _____ Tel. _____

Email Address _____

Name of EMPLOYER _____ BusTel. _____

Business Address _____

PARENT'S NAME _____ Cell # _____

Home Address _____ Tel. _____

Email Address _____

Name of EMPLOYER _____ Bus.Tel. _____

Business Address _____

PERSONS TO BE CONTACTED IF PARENTS CANNOT BE REACHED:

1. _____ TEL. _____
(Name) (Address)

2. _____ TEL. _____
(Name) (Address)

PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY: _____

ADDRESS _____ TEL. _____

DENTIST TO BE CALLED IN CASE OF EMERGENCY: _____

ADDRESS _____ TEL. _____

DATE OF LAST TETANUS SHOT: ___/___/___ (DPTetanus)

IS YOUR CHILD ALLERGIC TO ANY TYPES OF MEDICATIONS OR FOODS? YES _____ NO _____

IF YES, PLEASE SPECIFY: _____

I AUTHORIZE **THE PARKSIDE MONTESSORI SCHOOL** TO CALL THE SCHOOL PHYSICIAN IF A DOCTOR IS NEEDED AND OUR FAMILY PHYSICIAN IS UNAVAILABLE.

IN CASE OF AN ACCIDENT OR ACUTE ILLNESS, IF IT IS IMPOSSIBLE TO LOCATE ME OR THE ABOVE PERSONS, I AUTHORIZE **THE PARKSIDE MONTESSORI SCHOOL** TO ARRANGE FOR TRANSPORTATION TO MOUNTAINSIDE HOSPITAL AND FOR NECESSARY EMERGENCY MEDICAL AID.

PARENT'S SIGNATURE _____ DATE ___/___/___