

VILLAGE MONTESSORI SCHOOL
1610 Woodstock Road
Roswell, Ga. 30075
770-552-0834

Emergency Information:

Student's Name _____ Birthdate ____/____/____ Gender _____

Address _____

Home Phone _____ Email Address _____

Mother's Name _____ Occupation _____

Mother's Work # _____ Cell # _____ Pager _____

Father's Name _____ Occupation _____

Father's Work # _____ Cell # _____ Pager _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Allergies _____

Current Prescribed Medication _____

Special Medical Needs and Conditions _____

If unable to reach parents, in case of emergency call:

Name _____ Phone _____

Name _____ Phone _____

In the event of an emergency involving my child, and if Village Montessori School cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signed _____ Date _____

(Parent/Legal Guardian)

Names of persons authorized to pick up student from school:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____