



1610 Woodstock Road Roswell, GA 30075
770.552.0834

EMERGENCY INFORMATION (please write legibly)

Student Name: _____ **Birth date:** _____ **Gender:** F M

Address (include county and zip code): _____

Parent #1 Name: _____ **Occupation:** _____

Email: _____ **Contact number:** _____

Parent #2 Name: _____ **Occupation:** _____

Email: _____ **Contact number:** _____

Doctor: _____ **Phone:** _____

Address: _____

Preferred Hospital: _____

Primary Insurance Company: _____

Policy #/Group#: _____ **Name of Insured:** _____

Dentist: _____ **Phone:** _____

Allergies: _____

Current Meds: _____

Special Medical Needs & conditions: _____

If we are unable to contact parents in case of an emergency, please contact:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

In the event of an emergency involving my child, if Village Montessori School is unable to contact 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 my child up from school (please contact school making us aware that the following will pick up your child)

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____