



ALEXANDER GRAHAM BELL MONTESSORI SCHOOL
EMERGENCY INFORMATION and RELEASE CARD 2023/2024

PERSONAL INFORMATION:

Child's Full Name Date of Birth Gender

Full Street Address

Mother's Full Name Emergency Phone

Full Street Address

Father's Full Name Emergency Phone

Full Street Address

Mother's Employer Business Phone

Father's Employer Business Phone

Mother's Email Father's Email

Program's Ful Days Half Days INF/TODDLER ELEMENTARY MIDDLE

*Special Needs Or Diet Restriction

TO WHOM IT MAY CONCERN: In the event that I am unable to be reached, I hereby authorize the bearer, who is a member of the staff of Alexander Graham Bell Montessori School, to sign on my behalf any and all forms required in order to obtain emergency treatment provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original. AGBMS has been provided a current copy of the child's health insurance coverage.

Childs Name Dr. Name Phone#

ALLERGIES or existing medical conditions:

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY:

Name: Relationship Contact Number;

Name: Relationship Contact Number;

All persons authorized to pick up your child parents are assumed unless notified otherwise

Name: Relationship Contact Number;

Name: Relationship Contact Number;

Name: Relationship Contact Number;

Parent/Guardian Signature: Today's Date:

Parent/Guardian Signature: Today's Date:

Office use only School Year 2023/2024 Start Date End Date Transfer Classroom

Transparent Classroom Log