

Woodland Montessori School  
Student Information - Emergency Information Form

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Mother**

**Father**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Phone

**Responsible person(s) to be called if parents cannot be reached in an emergency & are authorized to pick up my/our child.  
Minimum of two people**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**The following Licensed Physician is authorized to give emergency care to my child:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Insurance Co.      Group Number

If unavailable, another physician is authorized to treat my child. Yes \_\_\_ No \_\_\_

**The following licensed Dentist is authorized to give care to my child:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Insurance Co.      Group Number

If unavailable, another dentist is authorized to treat my child. Yes \_\_\_ No \_\_\_

**In the event of an emergency, when a parent or designated responsible person cannot be reached, the Woodland Staff has permission to act on my child's best interest.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date