Prince Edward Montessori School **EMERGENCY CARD**

Enrollment Date:	
Child's Family Name:	Given name:
Address:	
Home Tel No.	Date of Birth:
Parent Name:	Cell No:
Name and Address of Workplace:	Work No:
Parent Name:	Cell No:
Name and Address of Workplace:	Work No:
Pediatrician's Name:	Tel no:
Address:	
Preferred Medical Lab Including Hospital	
1st Emergency Contact Name:	Tel no:
2nd Emergency Contact Name:	Tel no:
Designated persons child may be released to	
Upon satisfaction, child may be released to	
1. Name:	Tel no:
2. Name:	Tel no:
3. Name:	Tel no:
4. Name:	Tel no:
Medical Release If at any time, due to circumstances such as an accident, sudden illness, or emergency, medical treatment is required, a private physician or hospital may give this, including anesthetic if necessary. I also consent to emergency transport if necessary.	
Parent signature:	Date: