

**Prince Edward Montessori School****EMERGENCY CARD**

Child's Surname	Given Name
Home Address	
Home Phone	Date of Birth
Parent's Name	Cell Phone
Workplace Name and Address	Work Phone
Email	
Parent's Name	Cell Phone
Workplace Name and Address	Work Phone
Email	
Pediatrician's Name	Phone
Address	
<b>Pertinent Medical Information Including Allergies</b>	
1 <sup>st</sup> Emergency Contact Name	Daytime Phone
2 <sup>nd</sup> Emergency Contact Name	Daytime Phone
Child may be released to:	
1. Name	Daytime Phone
2. Name	Daytime Phone
<b>Medical Release</b> 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