



## EMERGENCY CARD

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

Address \_\_\_\_\_

\_\_\_\_\_

DOB \_\_\_\_\_

### Emergency/Medical Treatment Release

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

In case of emergency, Madrone Montessori School LLC, has my permission to transport my child to the nearest hospital.

Marshall/Kaiser/Sutter/Mercy/Other \_\_\_\_\_

Allergies or Medications \_\_\_\_\_

Health Conditions \_\_\_\_\_

## Contact Numbers

Authorized Pick Up Form Must be on File for all contacts

1. Parent \_\_\_\_\_ Phone \_\_\_\_\_

2. Parent \_\_\_\_\_ Phone \_\_\_\_\_

3. Contact \_\_\_\_\_ Phone \_\_\_\_\_

4. Contact \_\_\_\_\_ Phone \_\_\_\_\_

5. Contact \_\_\_\_\_ Phone \_\_\_\_\_

In the event a Parent Authorized Pick-up form is not on file, the following procedure applies: for anyone other than a parent/guardian to pick up your child, there must be a note hand delivered to the office by a parent prior to the date and time of any such pick-up. This note must be signed, dated and include the names of the pick-up person and dates.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date