



# Bright Minds Montessori

## STUDENT EMERGENCY INFORMATION CARD

CHILD'S NAME:	BIRTH DATE (MM/DD/YR):
PARENT'S NAME:	CELL PHONE:
STREET ADDRESS:	CITY & ZIP CODE:
WORK PHONE:	HOME PHONE:
EMAIL:	

### IF PARENTS CANNOT BE REACHED, PLEASE CALL:

NAME:	PHONE:
NAME:	PHONE:

### FAMILY DOCTOR:

DOCTOR:	PHONE:
ALLERGIES:	

### PERSON(S) AUTHORIZED PICK UP YOUR CHILD:

NAME:	RELATION:	PHONE:
NAME:	RELATION:	PHONE:

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE PROVIDED INFORMATION IS TRUE AND ACCURATE.

IN THE EVENT I CANNOT BE REACHED, I HEREBY AUTHORIZE BRIGHT MINDS MONTESSORI TO GIVE CONSENT FOR ANY AND ALL NECESSARY MEDICAL TREATMENT FOR MY CHILD WHILE THE SAID CHILD IS IN BRIGHT MINDS MONTESSORI CUSTODY.

PARENT'S SIGNATURE: ----- Date: -----