

MONTESSORI SCHOOL OF ALEXANDRIA
STUDENT EMERGENCY INFORMATION AND PARENT PERMISSION FORM
 SCHOOL YEAR _____

Student Name:	Grade
Date of Birth	
Custodial Parent(s)	

Parent/Guardian	Parent/Guardian
Name:	Name:
Home Phone:	Home Phone:
Work Phone	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

EMERGENCY CONTACT INFORMATION Parents are always contacted first in the event of an emergency. The school is required by the state to have information on file for **two local contacts**, in the event that we are unable to reach the parents/guardians. Emergency contacts are also authorized to pick up the child from school.

Local Emergency Contact #1	Local Emergency Contact #2
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Pick up Authorization
In addition to parents and the contacts listed above, the following persons are authorized to pick –up my child from school.

MEDICAL INFORMATION
List any allergy/conditions: Food _____
Insect: _____ Drug: _____
Asthma: _____
Name of Physician: _____ Phone: () _____

Permission Statement

- *I give permission for my child to travel on school-sanctioned trips and release MSA, its agents, teachers , and volunteers from liability for injury that my child may sustain during the trip.
- * The school has my permission to contact my child’s physician in an emergency
- * The school has my permission , in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital.
- * The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Each custodial parent must sign and agree to the above information and terms

Signature of parent/guardian: _____ date: _____

Signature of parent/guardian: _____ date: _____