SHENANDOAH MONTESSORI SCHOOL

EMERGENCY FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child (Full Name) | Nickname | Date of Birth | Sex[ ]  M [ ]  F |  |
|  |  |  |
| Address | Home Phone |
|  |  |
| Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed |
|  |
| Child lives with  |
| [ ]  Father [ ]  Mother [ ]  Both Parents [ ]  Guardian(s) :       |

**PARENT(S) / GUARDIAN(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent / Guardian | Place of Employment | Work Phone | Home Phone |
|  |  |  |  |
| Address (if different to child) | Cell Phone | Email Address |
|  |  |  |
| Parent / Guardian | Place of Employment | Work Phone | Home Phone |
|  |  |  |  |
| Address (if different to child) | Cell Phone | Email Address |
|  |  |  |
| Person(s) or Agency Having Legal Custody of Child (i.e. parents’ names) |
|  |
| Home Address (if different to child) | Home Phone |
|  |  |
| Business Address (for Guardian/Agency, if applicable) | Business Phone |
|  |  |

**EMERGENCY INFORMATION**

|  |
| --- |
| Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency.  |
|  |
| Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed |
| Child’s Physician | Phone |
|  |  |
| Two people to contact if parent(s) cannot be reached(Local contacts only) | Full Address, including City, State, Zip Code | Phone |
| 1. |  |  |
| 2.  |  |  |
| Person(s) Authorized to Pick Up Child (Emergency Contacts MUST be listed) |
|  |
| Person(s) NOT Authorized to Pick Up Child\* |
|  |

The parent(s)/guardian(s) authorize Shenandoah Montessori School to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, a written statement must be given that states the objection and reason for the objection.

[ ]  Agree [ ]  Disagree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare that the information provided here is true and correct and of my own personal knowledge

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

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
* NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.