

Child's Full Name _____ Nickname _____ Birthdate _____

Home Address _____

Parent Name _____ Phone _____ Alt Phone _____

Home Address _____

Parent's Workplace & Hours _____

Parent Name _____ Phone _____ Alt Phone _____

Home Address _____

Parent's Workplace & Hours _____

Emergency Contacts:

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

Authorized to Pick Up: ☐ Same as Emergency Contacts

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

Medical / Dental Information

Family Physician Address Phone

Dentist Address Phone

Specific instructions regarding emergency care _____

Known allergies _____ Ongoing medications _____

In the event that a parent or emergency contact cannot be reached or is delayed, I hereby grant permission to the staff at Evergreen Montessori to take whatever emergency measures are judged necessary for care and protection of my child while under the supervision of this center. I understand that in some emergency situations the center will need to contact the emergency medical service before the parent, child's physician and / or other adult acting on the parent's behalf can be notified.

In the event of a medical emergency, I understand that my child will be transported to North Memorial Medical Center (3300 Oakdale Avenue North, Robbinsdale, MN 55422).

In the event of a dental emergency, I understand my child will be transported to Community Dental Care (5700 Bottineau Blvd, Crystal, MN 55429).

Parent / Guardian Signature

Date