

PROVIDENCE MONTESSORI SCHOOL, INC.

1209 TEXACO ROAD, LEXINGTON, KY 40508-2026

PHONE: (859)255-7330 FAX: (859)253-0886

EMERGENCY FORM FOR THE SCHOOL YEAR 2007-2008

PLEASE FILL OUT THE FORM COMPLETELY, PRINT CLEARLY AND DARK ENOUGH FOR COPIER

CHILD'S NAME: _____
(LAST, FIRST) (CALLED BY)

S.S.# _____

D.O.B. _____

**HOME ADDRESS: _____
(STREET, CITY, STATE, ZIP)

HOME # _____

MOTHER'S NAME _____

FATHER'S NAME _____

OCCUPATION _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____

PLACE OF EMPLOYMENT _____

WORK PHONE _____ CELL _____

Work Phone _____ Cell _____

Email _____ Pager _____

Email _____ Pager _____

CARE PERSON _____ PHONE _____ PLACE _____

RELATION OR ASSOCIATION OF CARE PERSON TO CHILD _____

PLEASE LIST OTHERS AUTHORIZED TO PICK UP YOUR CHILD FROM PROVIDENCE:

NAME/PHONE _____ NAME/PHONE _____ NAME/PHONE _____

NAME/PHONE _____ NAME/PHONE _____ NAME/PHONE _____

EXPLAIN ANY ALLERGIES YOUR CHILD MIGHT HAVE: _____

EXPLAIN ANY MEDICINES YOUR CHILD IS TAKING OR IS ACCUSTOMED TO TAKING: _____

INSURANCE CARRIER _____ POLICY # _____ PLAN/GROUP# _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I HEREBY GIVE PERMISSION FOR CARE TO BE RENDERED TO MY CHILD IN THE EVENT I AM UNABLE TO BE CONTACTED. MY SIGNATURE BELOW SHALL BE CONSIDERED TO BE AFFIXED TO ROUTINE HOSPITAL AUTHORIZATION AND NO DELAY MADE IN AWAITING MY SPECIFIC PERMISSION.

PHYSICIAN'S NAME/PHONE _____ HOSPITAL PREFERRED _____

CHILD'S NAME _____ SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

****NOTE: IF CHILD DOES NOT LIVE WITH BOTH PARENTS - PLEASE LIST OTHER PARENTS ADDRESS:**

PARENT'S NAME _____ ADDRESS _____

HOME PHONE _____ WORK PHONE _____