

**STUDENT EMERGENCY FORM
2011-2012 School Year**

Room # _____

PROVIDENCE MONTESSORI SCHOOL, INC.

1209 TEXACO ROAD, LEXINGTON, KY 40508-2026

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

**PLEASE FILL OUT THE FORM COMPLETELY, PRINT CLEARLY AND DARK ENOUGH FOR COPIER
REQUIRED TO BE FILLED OUT EACH SCHOOL YEAR**

Due Friday, July 22nd

Student Information

Last _____ Date ____/____/____

First _____ Middle _____

Goes By _____ Sex: M _____ F _____ Nationality _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother's Name _____ Father's Name _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Email _____ Father's Email _____

Emergency/Authorized for Child Pick Up

Name/Phone _____ Name/Phone _____

Relationship _____ Relationship _____

Name/Phone _____ Name/Phone _____

Relationship _____ Relationship _____

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.

Family Physician _____

Phone _____

Hospital Preferred _____

Insurance Carrier _____ Policy # _____ Plan/Group # _____

Child's Name _____ **Signature of Parent or Legal Guardian** _____

Food Restrictions _____

Allergies _____

Medicines _____

Parent/Guardian Information

Father

Mother

Step-Father/Mother or Other

Last Name _____

Last Name _____

Last Name _____

First Name _____

First Name _____

First Name _____

Title (Mr. Dr.) _____ Suffix (Jr. III) _____

Title (Mr. Dr.) _____ Suffix (Jr. III) _____

Title (Mr. Dr.) _____ Suffix (Jr. III) _____

Goes By _____

Goes By _____

Goes By _____

Marital Status _____

Marital Status _____

Marital Status _____

If Different from Student's:

If Different from Student's:

If Different from Student's:

Address _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Cell Phone _____

Cell Phone _____

Cell Phone _____

Profession _____

Profession _____

Email _____

Employer _____

Employer _____

Profession _____

Phone _____

Phone _____

Employer _____

Providence Alum? Yes _____ No _____

Providence Alum? Yes _____ No _____

Phone _____

Relatives who attend(ed) Providence:

Relatives who attend(ed) Providence:

Providence Alum? Yes _____ No _____

Relatives who attend(ed) Providence:

Siblings

Name _____

Name _____

Name _____

School _____

School _____

School _____

Grade _____

Grade _____

Grade _____

Alum? Yes _____ No _____

Alum? Yes _____ No _____

Alum? Yes _____ No _____

Grandparents

Please include title (Mr. & Mrs., Dr., Ms.)

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Name _____

Address _____

City _____ State ____ Zip _____