



Montessori Mes Petits Academy
Care & Education

Emergency Form

Child's Name _____ DOB: _____

Care Card / Insurance #: _____

Address _____ Gender **F** **M**

<u>Mother</u>		<u>Father</u>	
Name	_____	Name	_____

Home Phone	_____	Home Phone	_____
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Work	_____	Work	_____
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Cell	_____	Cell	_____
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Persons to Contact if Parents Unavailable

Name	_____	Relationship	_____	Phone	_____
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Emergency Out of Province Contact

Name	_____	Relationship	_____	Phone	_____
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Doctors

Family Doctor	_____	Phone	_____
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Dentist	_____	Phone	_____
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Allergies / Medical Disabilities / Diet Restrictions **Yes** **No**

Birthmarks that can be mistaken for an injury **Yes** **No**

Signature of Parent or Guardian

Date