



# Simcoe Street Montessori School

## ~ Emergency Contact Information ~

### Student Information

Child's surname:	Child's first name:	
Date of birth(d/m/y):		Male/Female
Home address:		

### Mother's/Guardian Information

Full name:		
Cellular tel:	Business tel:	Home tel.:
Business full address:		
Email Address:		

### Father's/Guardian Information

Full name:		
Cellular tel:	Business tel:	Home tel.:
Business full address:		
Email Address:		

### Student Medical Information

Doctor's name:	Doctor's tel. no:
Doctor's full address:	
Does your child have any allergies/medical conditions, if yes please indicate:	
Does your child's allergies/medical condition require the possibility of administration of medication? Yes No	

### Emergency Contacts: (other than student parents/guardians)

These are the person(s) to whom your child may be released to without your written consent. They will be required to show I.D

Emergency contact:	Name:	Relationship to child:
Home tel. no:	Cellular tel. no	Work tel.:
Address:		
Emergency contact:	Name:	Relationship to child:
Home tel. no:	Cellular tel. no.	Work tel.:
Address:		
Emergency contact:	Name:	Relationship to child:
Home tel. no:	Cellular tel. no.	Work tel.:
Address:		
Emergency contact:	Name:	Relationship to child:
Home tel. no:	Cellular tel. no.	Work tel.:
Address:		

I, \_\_\_\_\_, the parent of \_\_\_\_\_, agree that in the event that I cannot be reached at the time of illness or accident or if the emergency is such that time does not permit such contact, Simcoe Street Montessori, its Directors, Officers, Agent and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to have a doctor attend to my child. I also agree to hold harmless Simcoe Street Montessori, its Directors, Officers, Agents and Employees from any and all actions, claims, damages and liabilities of any nature, arising from any decisions by the School or injury to the Student which are not the result of negligence on the part of, or are entirely beyond the reasonable control of Simcoe Street Montessori and its Directors, Officers, Agents and Employees.

I have read and understood all of the above.

Signature of Parent/Guardian:	Date:
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