

# Bluebird Montessori Emergency Form

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

During Camp Hours, parents can be reached at

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to call if parents can not be reached

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Health Concerns, medications:

\_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, which hospital would you like your child taken to? \_\_\_\_\_

Other authorized person(s) to pickup your child from camp:

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_