

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency if parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical Facility _____ Phone _____

Address _____

Child's allergies _____

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Current prescribed medications _____

Child's special needs/conditions _____

In the event of an emergency involving my child, and Richmond Hill Montessori Preschool cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's name _____

Parent/Guardian Signature _____

Date _____