

Emergency Contact Form

School: Stuyvesant Heights Montessori The Gathering Space

Child's Name				D.O.B.	
Address				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
City, State		Zip Code		Home Phone	

Parent	Check One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Name				
Email				
Cell Phone		Work Phone		

Parent	Check One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Name				
Email				
Cell Phone		Work Phone		

Emergency Contact Persons			
If we are unable to reach the parents, we will attempt to reach the following persons who are 18 years of age or older, who reside in the New York City area, and who will assume responsibility for the child in case of an emergency. Persons must present Photo ID upon arrival.			
Name		Phone Number	
Address		Relationship	
Name		Phone Number	
Address		Relationship	
Name		Phone Number	
Address		Relationship	

Medical Information			
LIST ANY KNOWN ALLERGIES / RESTRICTIONS:		SPECIAL DISABILITIES:	
HISTORY OF ANY PHYSICAL OR MEDICAL PROBLEMS:			
Is your child currently taking any medications (prescribed or over-the-counter)? If yes, state type and reason.			
Physician's Name		Physician's Phone #	
Physician's Address			
Medical Insurance Carrier		ID#	Phone #

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Neighborhood Walks
<p>Periodically, the children will participate in short neighborhood walks into the community wearing school-issued IDs. Proper adult supervision is provided on all short walks outside of the school. The school reserves the right to determine if it is safe for a child to go on outside walks. In the event it is not safe for your child to go on walks, they will stay in another classroom until their class returns. Please note that all children must participate in state required monthly fire drills.</p>
<p>Do you grant your child permission to participate in neighborhood walks? <input type="checkbox"/> Yes <input type="checkbox"/> No Initial Here _____</p>
<p>If No, specify why:</p>

Authorized Pick-Up Persons			
<p>Please name the people authorized to pick up the child from school (other than parents) who are 18 years of age or older. Persons must present Photo ID upon arrival.</p>			
Name		Relationship	
Phone Number		Date Added	
Name		Relationship	
Phone Number		Date Added	
Name		Relationship	
Phone Number		Date Added	
Name		Relationship	
Phone Number		Date Added	
Name		Relationship	
Phone Number		Date Added	
Name		Relationship	
Phone Number		Date Added	
Name		Relationship	
Phone Number		Date Added	

Parent's Signature		Date	
Parent's Signature		Date	

<p>Office Use Only</p>
