



**ONEONTA MONTESSORI SCHOOL  
EMERGENCY INFORMATION  
2018-2019 SCHOOL YEAR**



We update our emergency card information yearly. Please complete this form; include all children enrolled at Oneonta Montessori School. Return it to the office as soon as possible.

**CHILDREN'S Names (oldest first)**

**BIRTHDAYS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code

Home Phone #:

\_\_\_\_\_

**MOTHER'S INFORMATION:**

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

Home address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code

Home Phone #:

\_\_\_\_\_

Cell Phone #:

\_\_\_\_\_

Profession:

\_\_\_\_\_

Business Name:

\_\_\_\_\_

Business Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code

Business Telephone #: \_\_\_\_\_

Mother's Email address: \_\_\_\_\_

**FATHER'S INFORMATION:**

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

Home address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code

Home Phone #:

\_\_\_\_\_

Cell Phone #:

\_\_\_\_\_

Profession:

\_\_\_\_\_

Business Name:

\_\_\_\_\_

Business Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code

Business Telephone #: \_\_\_\_\_

Father's Email address: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK-UP CHILD/CHILDREN OR TO CONTACT IN CASE OF EMERGENCY (other than parents)**

NAME	RELATIONSHIP TO CHILD	TELEPHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Children will be released only to persons on this list with proper identification and authorization.  
Please call the office if anyone other than those on this list will be picking up your child.*

**ALLERGIES: (PLEASE LIST EVERYTHING CHILD IS ALLERGIC TO AND MEDICATION PRESCRIBED).**

\_\_\_\_\_  
\_\_\_\_\_

**IF CHILD HAS A COURT ORDER, PLEASE CIRCLE COURT ORDERED PICK-UP DAYS & TIMES ASSIGNED TO EACH PARENT**

Monday: Mom/Dad Time: \_\_\_\_\_ Tuesday: Mom/Dad Time: \_\_\_\_\_ Wednesday: Mom/Dad Time: \_\_\_\_\_  
Thursday: Mom/Dad Time: \_\_\_\_\_ Friday: Mom/Dad Time: \_\_\_\_\_