

Bronxville Montessori School

Emergency Medical Release/Emergency Dismissal Plan

Child's Full Name: _____ Date of Birth: _____ Sex: Male Female

Child's Home Address: _____

Home Phone: _____

Parent Name		Parent Name	
Phone #1		Phone #2	
Parent Home Address		Parent Home Address	
Parent Place of Work		Parent Place Of Work	
Business Phone Number		Business Phone Number	
Work Hours/ Days		Work Hours/ Days	

Emergency Contacts

Please indicate the name and phone numbers of designated others whom you would like contacted in the event of an emergency. Be sure that these people are available during school hours.

I agree to allow those listed to transport my child to and from Bronxville Montessori _____

Contact #1 Name	Contact #2 Name
Relationship to Child	Relationship to Child
Home Phone Number	Home Phone Number
Cell Number	Cell Number
Work Number	Work Number

Contact #3 Name	Contact #4 Name
Relationship to Child	Relationship to Child
Home Phone Number	Home Phone Number
Cell Number	Cell Number
Work Number	Work Number

<input type="checkbox"/>	My child does not currently take medication.
<input type="checkbox"/>	My child does take medication. Please list: (name, dose and reason) Please be sure emergency contact is advised (and available at all times).

Signature: _____ Date _____