



West River Montessori School Contact and Emergency Information

Child's Full Name: _____

PARENT INFORMATION:	MOTHER	FATHER
Home Phone Number		
Cell Phone Number		
Employer		
Work Phone Number		

My child may leave the West River Montessori School and/or Playground with:

	Relationship:	Phone #:
	Relationship:	Phone #:
	Relationship:	Phone #:
	Relationship:	Phone #:

UNDER NO CIRCUMSTANCES WILL YOUR CHILD BE PERMITTED TO LEAVE THE WRMS OR PLAYGROUND WITH INDIVIDUALS OTHER THAN THOSE LISTED ABOVE.

IF YOUR CHILD MUST LEAVE THE WRMS OR PLAYGROUND WITH AN INDIVIDUAL OTHER THAN THOSE LISTED ABOVE, WRITTEN PERMISSION IS REQUIRED.

EMERGENCY CONTACT INFORMATION:

In case of an emergency, every effort will be made to locate the parent/guardian immediately. The school may have to call the Londonderry Rescue Squad. If you cannot be contacted, do you wish your child's doctor and/or dentist to be called? If so, please provide us with his/her name, address and telephone number. Do you give permission for your doctor (listed below) to take necessary action in treating your child with the medical care needed?

_____ (yes / no)

Doctor: _____ Address: _____

Phone #: _____ Remarks: _____

Dentist: _____ Address: _____

Phone #: _____ Remarks: _____

Does your child have any allergies? _____ If yes, please list: _____

Is your child on any medication? _____ If yes, please list: _____

If you cannot be contacted in an emergency, who should a representative from the school contact?

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

*****If any of the above information changes, promptly notify the school***