

# Minden Montessori School

## Updated Parent Contact and Information Form

Child's Name:	Birth date:
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Mother's/Guardian's Name:	Occupation:
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Home Phone:	Work Phone:	Cell Phone:
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Mailing Address:
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Father's/Guardian's Name:	Occupation:
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Home Phone:	Work Phone:	Cell Phone:
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Mailing Address:
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If my child becomes ill or is injured at school and I cannot be reached, please contact:

Name:	Relationship to Child:
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Home Phone:	Work Phone:	Cell Phone:
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Name:	Relationship to Child:
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Home Phone:	Work Phone:	Cell Phone:
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Name:	Relationship to Child:
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Home Phone:	Work Phone:	Cell Phone:
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In the event of an accident/illness affecting my child requiring attention by a physician and I cannot be reached, please contact our family physician:

Dr.:	Phone:
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Dentist:	Phone:
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My child has the following special health problems, allergies or considerations. If listing medications, please specify name, directions and physician:

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In all cases of emergency or injury, the school will attempt to notify the parent immediately and/or contact the family doctor. However, there are times when parents and doctors cannot be reached. Should this occasion arise, Minden Montessori School needs your permission to proceed in a manner which we feel to be in the best interest of your child (i.e. transportation to emergency room).

Permission Granted Signature:	Date:
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