



Woodside Montessori Academy

Emergency Information Form

Student Name: _____ Birth Date: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Alternate Phone: _____
Mother Name: _____ Father Name: _____
Miscellaneous Information: _____
Guardian/Nanny/Caregiver's Name: _____ Phone: _____

Parents Work Information and EMERGENCY Contacts:

I hereby authorize Woodside Montessori Academy to provide first aid and/or permit emergency first aid treatment for my child. Woodside is further authorized to provide for transportation of my child to the nearest hospital as it may be deemed necessary.

Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Mother E-Mail: _____ Father E-Mail: _____
Guardian/Nanny/Caregiver Address: _____ Work Phone: _____

When unable to reach me in case of illness or emergency, I hereby authorize the school to contact the following persons: Please provide at least one alternate contact and phone number

First Alternate Contact: _____ Phone: _____ Phone: _____
Second Alternate Contact: _____ Phone: _____ Phone: _____
Third Alternate Contact: _____ Phone: _____ Phone: _____

I give permission to Woodside Montessori Academy to contact the child's doctor or dentist in an emergency:

Physician: _____ Phone: _____
Dentist: _____ Phone: _____

Personal Physical Attributes

Age: _____ Sex: _____ Hair Color: _____ Height: _____ Weight: _____ Eye Color _____
Allergies: _____
Identifying Features: _____
Siblings: Name: _____ Age _____ Name: _____ Age _____

I understand that Woodside Montessori Academy offers a variety of integrated learning experiences, which may include walks off the premises. I hereby give permission for my child to participate in all outdoor activities on and off the premises.

Persons Authorized to Pick-Up My Child

For daily dismissal I hereby authorize that my child to be released to only the following designated people:(Include both parents if applicable. AT LEAST ONE ALTERNATE PERSON MUST BE DESIGNATED)

First Pick up : _____ Second Pickup : _____
Third pickup : _____ Fourth Pickup : _____
Fifth Pickup : _____ Sixth Pickup : _____

Parent Signature: _____

Date: _____