

# All Stars Montessori - Emergency Authorization Form

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's First name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

Street Address 2 \_\_\_\_\_ City 2 \_\_\_\_\_ State 2 \_\_\_\_\_ Zip 2 \_\_\_\_\_ Home Phone 2 \_\_\_\_\_

**Food allergies and intolerances:**  Medicine allergies  Relevant medical info

Primary care physician \_\_\_\_\_ Physician phone number \_\_\_\_\_ Medical Insurance Provider: \_\_\_\_\_

Dental care provider: \_\_\_\_\_ Dentist phone number: \_\_\_\_\_ ID #: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Hospital phone number: \_\_\_\_\_

Emergency contact information: (Emergency contacts listed below are also authorized to pick up the child.)

Emergency Contact #1: \_\_\_\_\_ Contact #1 phone number: \_\_\_\_\_ Contact #1 address: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Contact #2 phone number: \_\_\_\_\_ Contact #2 address: \_\_\_\_\_

The following people also have permission to pick up the child:  **The following people ARE NOT allowed to pick up the child.**

Pick up #1: \_\_\_\_\_ Pick up #2: \_\_\_\_\_

Pick up #3: \_\_\_\_\_ Pick up #4: \_\_\_\_\_

I attest that the information on this Emergency Authorization Form is true and correct to the best of my knowledge. If any of the information contained herein changes, I am responsible for notifying All Stars Montessori by obtaining and completing an updated Emergency Authorization Form. The accuracy of this information is absolutely necessary to ensure that any emergencies that may arise with my child can be handled effectively and efficiently.

In the event of a medical emergency, All Stars Montessori has my permission to administer first-aid and/or CPR as necessary. They also have my permission to call for emergency medical attention if it is necessary. If my child needs to be transported to the hospital and the parents or emergency contacts cannot be reached, one of the staff members of All Stars Montessori will accompany my child. All Stars Montessori will not transport children to the hospital, but will call 911. If parents or emergency contacts cannot be reached, I give All Stars Montessori and its representatives permission to make medical decisions on behalf of my child. I also understand that liability insurance carried by All Stars Montessori will be secondary to my family's own insurance.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_