

# The Montessori House

Pre-School for Discovery and Growth  
201-816-8343 Fax: 201-813-8313

426 Knickerbocker Rd. at Riveredge Rd.  
Tenafly, NJ 07670

## EMERGENCY FORM

CHILD'S NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Mother's Cell: \_\_\_\_\_

\_\_\_\_\_ Father's Cell: \_\_\_\_\_

ANY ALLERGIES? \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's E-mail \_\_\_\_\_

Mother's Business Address \_\_\_\_\_

Mother's Business Telephone \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's E-mail \_\_\_\_\_

Father's Business Telephone \_\_\_\_\_

Father's Business Address \_\_\_\_\_

Other number(s) where parent might be reached \_\_\_\_\_

Alternate contact (other than parents) in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Note: Emergency contacts should be reliable persons who are available and have transportation during your child's class session. This must be someone your child knows well and who can be called upon in an emergency to pick him/her up at school and care for the child.

**The person should live locally and communicate in English.**

Family Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Family Dentist Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

This will authorize The Montessori House to refer my child, \_\_\_\_\_ for treatment to the school physicians in the event of an accident or sudden illness at a time when I cannot be reached, when my emergency number cannot be reached, nor my child's doctor. The school physicians are Tenafly Pediatrics and they use Englewood Hospital.

Date \_\_\_\_\_

Signature \_\_\_\_\_