



25700 West Ten Mile Road ~ Southfield, Michigan 48033
Phone (248) 353-7253 Fax (248) 353-7252 ~ Email: info@forkidssakemontessori.com

Emergency Contact Information 2010-2011

Child's Name _____

First Contact

Second Contact

Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Relationship:	Relationship:
Place of Business:	Place of Business:
e-mail address:	e-mail address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Third Contact

Fourth Contact

Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Relationship:	Relationship:
Place of Business:	Place of Business:
e-mail address:	e-mail address:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:



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Medical Information and Authorization 2010-2011

Child's Name: _____

Pediatrician Name:	Allergies:
Pediatrician Address:	Restrictions:
	Physical Impairments:
Pediatrician Phone:	Hearing: Vision:

Authorization

In the event that my child becomes ill or is involved in an accident, and I cannot be reached, I authorize For Kids' Sake Montessori to obtain the necessary medical treatment. I accept responsibility for any necessary expenses incurred in such medical treatment that is not included in the following coverage.

Health Insurance Company _____

Policy # _____

Coverage _____

Medicaid # _____

Parent(s) or Guardian(s) Signature _____

Date _____