

Montessori Children's House of Wake Forest, Inc
802 Mill Street, Wake Forest, NC 27587
556-2360

EMERGENCY INFORMATION

Child's Name: _____

	Home	Work	Cell
Name	Phone	Phone	Phone

Parents' Info: _____

If parents are unavailable, please contact these people:

Family Doctor: _____

(name, address, and phone number)

If necessary, a representative of the Montessori Children's House of Wake Forest has my permission to seek emergency medical attention for my child at the hospital or medical facility of his or her choice. Our family medical insurance is covered by:

(insurance agency and policy/group number)

Parent's signature and date