



Learn And Play Montessori School

Dear Parent(s),

Please, carefully fill out the emergency card below. The emergency card will be used in cases when our staff is unable to access your child's electronic records. It is important to maintain this form up to date. If there are any changes on this form, please notify the front desk.

Emergency Card	
Child's Name: _____	Allergies: _____ _____
Date of Birth: ____ / ____ / ____	_____
Parent's Name: _____	Medication: _____ _____
Parent's Phone: (____) _____	_____
Parent's Name: _____	Photo Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent's Phone: (____) _____	Vegetarian <input type="checkbox"/> Non-Vegetarian <input type="checkbox"/>
	Potty Trained: Yes <input type="checkbox"/> No <input type="checkbox"/>