



EMERGENCY CARD

School Year _____

Child's Name _____

Address _____

DOB _____

Emergency/Medical Treatment Release

Physician _____

Phone _____

Dentist _____

Phone _____

In case of emergency, Madrone Montessori School LLC, has my permission to transport my child to the nearest hospital.

Marshall/Kaiser/Sutter/Mercy/Other _____

Allergies or Medications _____

Health Conditions _____

Contact Numbers

(Authorized Pick Up Form Must be on File for
All Contacts – Will be Called In Order)

1. Parent _____ Phone _____

2. Parent _____ Phone _____

3. Contact _____ Phone _____

4. Contact _____ Phone _____

5. Contact _____ Phone _____

In the event a Parent Authorized Pick-up form is not on file, the following procedure applies: for anyone other than a parent/guardian to pick up your child, there must be a note hand delivered to the office by a parent prior to the date and time of any such pick-up. This note must be signed, dated and include the names of the pick-up person and dates.

Parent/Guardian Signature

Date