

THE MONTESSORI SCHOOL OF SANFORD

152 CHARLOTTE AVE
SANFORD, NORTH CAROLINA 27330
(919) 774-7747

EMERGENCY INFORMATION FORM

(PLEASE PRINT)

Parent / Guardian names: _____

Child name: _____

In case of an emergency, I / we can be contacted at:

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Other Emergency Contact:

Phone # _____

Physician: _____

Physician's Phone #: _____

Dentist: _____

Dentist Phone #: _____

If I / we cannot be contacted, I / we give permission for our son / daughter to receive emergency medical treatment from the physicians listed above or emergency medical personnel.

Insurance Information:

Provider: _____

Policy / ID#: _____

Sponsor's Name: _____

Signature(s): _____

Student Information: **Student's Name:** _____
Please fill out the following information as completely as possible.

I. Health Information

Allergies and reactions (food or Medical) _____

Symptoms exhibited when getting sick _____

Highest fever _____

Age first words spoken _____

Toilet Trained? _____ Methods used? _____

II. Getting Along With Others

What does your child enjoy doing with his/ her free time? Does he/she play inside or outside more? Does he/she prefer to play alone or with playmates? Are child's playmates the same age, older, or younger?

How much television does your child watch and what type? Is it with or without adult supervision?

Describe your child's relationship with siblings.

Describe any other school or group situations in which your child has participated. What were the hours, and how long did he/she attend? How was child's transition into the school when he/she first enrolled? How was it six or more weeks after enrollment?

