



Montessori Learning Community
1 School Rd • Asheville, North Carolina 28806 • (828)259-9880
www.mlcasheville.org

Emergency Contact Form

Child's Name _____
Age: _____ **Birthdate:** _____ **Blood Type:** _____

Date of last shot update: _____ **Allergic to any medications?** _____
If yes, please list medications: _____

Physician's Name _____ **Phone:** _____

Child's Parent/Guardian (Last Name) _____

Guardian 1: _____ **Guardian 2:** _____
Phone: _____ (work) **Phone** _____ (work)
_____ (cell) _____ (cell)
_____ (home) _____ (home)

Home Address: _____

Insurance Company: _____
Policy Number: _____ **Phone:** _____

3 Emergency Contacts Required:

Emergency Contact Person (*other than yourself*): _____
Relationship: _____ **Phone:** _____

Emergency Contact Person (*other than yourself*): _____
Relationship: _____ **Phone:** _____

Emergency Contact Person (*other than yourself*): _____
Relationship: _____ **Phone:** _____

Hospital Preference: _____

In the event of a medical emergency while the child is attending the Montessori Learning Community, the director has the authority to take whatever steps are necessary to assure prompt medical attention (either the doctor's office or hospital).

Parent/Guardian Signature _____

Date _____