



Montessori Learning Community

WEST: 1 School Rd • Asheville, NC 28806 • (828) 259-9880

EAST: 15 Overbrook Place • Asheville, NC 28805 • (828) 778-2597 www.mlcasheville.org

Emergency Contact Form

Child's Name: _____ **Birthdate:** _____

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

Physician's Name _____ Phone: _____

Child's Parent/Guardian (Last Name) _____

Caregiver 1 Name : _____ Caregiver 2 Name: _____
Phone: _____ (work) Phone: _____ (work)
_____ (cell) _____ (cell)
_____ (home) _____ (home)

Home Address: _____ Secondary Address: _____

Insurance Company: _____
Policy Number: _____ Phone: _____

3 Emergency Contacts Required:

Emergency Contact Person Name (*other than primary caregiver*): _____
Relationship: _____ Phone: _____

Emergency Contact Person Name (*other than primary caregiver*): _____
Relationship: _____ Phone: _____

Emergency Contact Person Name (*other than primary caregiver*): _____
Relationship: _____ Phone: _____

Hospital Preference: _____

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

Caregiver Signature: _____

Date: _____