



Montessori School of Pullman – Preschool and Kindergarten
115 NW State, Pullman, Washington 99163 509-334-4114

Montessori@pullman.com

www.pullmanmontessori.com

Emergency Authorization Sheet

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Mother

Father

Name: _____ Name: _____

Business Address: _____ Business Address: _____

Business Phone(s): _____ Business Phone(s): _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

Alternative people to contact if parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Address: _____ Hospital Phone: _____

Dentist: _____ Phone: _____

Please list medical information about your child that would be important to know in an emergency
(e.g., chronic illness, asthma, allergies to medication, hypersensitivity to insect stings, etc.)

(read and sign other side)

In case of an accident or severe illness at school, you will be called immediately after first aid is administered. If neither parent can be reached, and a physician's care is required, your child's doctor or his/her designated alternate will be called and a message will be left for you at one of the above telephone numbers. For this reason, we require you to sign this emergency authorization form before your child enters school.

In case of sudden onset of non-emergency illness, or other situation that requires your child to be taken home from school, you will be called. If neither parent can be reached, your alternative person(s) will be called to pick up your child.

I authorize the staff of the Montessori School of Pullman, Inc. to arrange for medical care and emergency surgery for the above child in the event of an accident or sudden illness, when I cannot be reached. This permission includes authorization to call an ambulance, if necessary. Every attempt will be made to send a familiar adult in the ambulance with the child if a parent or the alternative person listed above is unavailable.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____