

**SUNSET HILLS MONTESSORI SCHOOL
EMERGENCY FORM
2010-2011**

The information requested on this form is required by the Virginia Dept. of Social Services. Please print.
This form must be on file at school on your child's 1st day of school each school year.

_____			M/F _____
Child's full name	Nickname		
_____	_____	_____	_____ lbs.
Home phone	Social Security #	Birth date	weight

Home address	Town	State	Zip Code

WHO SHOULD BE CONTACTED FIRST IN AN EMERGENCY? _____

Mother's full name	Occupation		
_____	_____	_____	
Home phone (or "same")	Work phone	Cell phone	

Home address (or "same")	Town	State	Zip Code
Name of business <u>and</u> complete address			
Email address: _____			

Father's full name	Occupation		
_____	_____	_____	
Home phone (or "same")	Work phone	Cell phone	

Home address (or "same")	Town	State	Zip Code
Name of business <u>and</u> complete address			
Email address: _____			

(additional information on reverse)

Child's allergies or intolerance to medications, foods, etc.:

Chronic physical problems, pertinent developmental information, special accommodations:

Medications child takes on a regular basis:

Blood type:

Actions to take in an emergency situation:

Child's physician		phone

Insurance Company	Policy or ID #	Subscriber

The Virginia Department of Social Services (22 VAC 15-30-80) requires the names and **complete addresses** of two people to contact in an emergency if a parent cannot be reached. Please use in-state contacts.

1. _____
Name Relationship to child

Home phone Work phone Cell phone

Home Street address Town State Zip Code

2. _____
Name Relationship to child

Home phone Work phone Cell phone

Home Street address Town State Zip Code

I agree to notify the school within 24 hours of my child or family member contracting a communicable disease, and will arrange to have my child picked up as soon as possible from school if I am notified that my child has become ill at school and needs to go home.	
I give Sunset Hills Montessori Children's House permission to seek emergency medical care for my child.	
_____	_____
Signature or parent	Date