## ALEXANDER GRAHAM BELL MONTESSORI SCHOOL EMERGENCY INFORMATION and RELEASE CARD 2024-25



| Child's NameFirst   | Middle   | Last   |  | M - F  | Date of Birtl  | h  |
|---|--|--|--|--|--|--|
| Address   |  |  |  |  |  |  |
| Mother's Name   |  | Father's Na  | me   |  |  |  |
| Mother's Employer   |  | Father's En  | nployer  |  |  |  |
| Mother's Business Phone   |  | Father's Bu  | isiness Phor   | ne   |  |  |
| Address   |  | Address  |  |  |  |  |
| Cell # H  | ome #  | Cell #   |  |  | _ Home#  |  |
| E-mail address  |  | E-mail address   | s  |  |  |  |
| Program Selected:infant/tod   | dlerCH   | ELE M  | iddle  |  | full days  | half day                                       |
| After School Activities   |  | AM Care  |  | PN   | M Care   |  |
| Special Needs or Diet Restri  | ction  |  |  |  |  |  |
| Office Use Only: School Year 202  |  |  |  |  |  |  |
| 0,5,000 0.00 0.005.   |  | Transparent login  |  |  | <del></del>  |  |
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| TO WHOM IT MAY CONCERN In the event that I am unable to be rea School, to sign on my behalf any and I am responsible for payment for such the same force and effect as the orig   | Plea<br>:<br>ached, I hereby authorized all forms required in each emergency care. A<br>inal. AGBMS has been   | ze the bearer, who is a corder to obtain emerge photocopy of this Autor provide a current cope   | member of tency treatments the horization and by of child's  | ent provious constant Constant Constant in the | led by you to my<br>ent for Medical<br>surance coverag   | y child. I realize<br>Treatment shall h<br>ge. |
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