



**Damariscotta Montessori School**  
93 Center Street - Nobleboro, Maine 04555  
Phone (207) 563-2168 ~ Email dms@tidewater.net

*Emergency Contact Information 2007-2008*

Child's Name \_\_\_\_\_

**First Contact**

**Second Contact**

<b>Name:</b>	<b>Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Business:</b>	<b>Place of Business:</b>
<b>Work Address:</b>	<b>Work Address:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>

**Third Contact**

**Fourth Contact**

<b>Name:</b>	<b>Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Business:</b>	<b>Place of Business:</b>
<b>Work Address:</b>	<b>Work Address:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>

# Medical Information and Authorization

Child's Name: \_\_\_\_\_

<b>Pediatrician Name:</b>	<b>Allergies:</b>
<b>Pediatrician Address:</b>	<b>Restrictions:</b>
	<b>Physical Impairments:</b>
<b>Pediatrician Phone:</b>	<b>Hearing:</b> <b>Vision:</b>

## Authorization

In the event that my child becomes ill or is involved in an accident, and I cannot be reached, I authorize Damariscotta Montessori School to obtain the necessary medical treatment. I accept responsibility for any necessary expenses incurred in such medical treatment that is not included in the following coverage.

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Coverage \_\_\_\_\_

Medicaid # \_\_\_\_\_

Parent(s) or Guardian(s) Signature \_\_\_\_\_

Date \_\_\_\_\_