

Wee Care Montessori Center

Emergency Information and Release Card

THIS INFORMATION WILL BE USED FOR EMERGENCY DISASTERS ONLY

Child's Legal Name: _____ Date of Birth _____

Address: _____ Home #: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

Out of town contact: _____

Relationship: _____ Phone #: _____

Medical Release

I, _____, parent or legal guardian of _____, hereby authorize any medical and/or surgical treatment which may be necessary in an emergency situation in my absence of the above minor.

Food and/or Medical Allergies: _____

Medical Conditions: _____

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Release Information

In the event of an **emergency disaster situation**, my child may be released to the individuals listed below:

Name & Phone #

1. _____

2. _____

3. _____

Office Use Only

Child released to: _____ Signature: _____

Date: _____ Time: _____

Location picked up: _____ Destination: _____

Released By: _____ Staff Signature: _____

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