

FORM #8  
Please complete  
and return  
ASAP

RAINBOW MONTESSORI SCHOOL  
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## DIRECTIONS FOR REACHING PARENTS IN AN EMERGENCY & MEDICAL/LOCKDOWN

Name of Child \_\_\_\_\_ Color Group \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Home address \_\_\_\_\_ Town \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Beeper \_\_\_\_\_

E-Mail \_\_\_\_\_ Allergic To \_\_\_\_\_

Mother's Business \_\_\_\_\_ Hrs. \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Business \_\_\_\_\_ Hrs. \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

..... I AUTHORIZE THE FOLLOWING TO PICK UP MY CHILD IN AN EMERGENCY .....

Emergency Person's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Person's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Person's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Day Off \_\_\_\_\_

Doctor to Call \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Day Off \_\_\_\_\_