



Montview Community Preschool & Kindergarten  
1980 Dahlia St. Denver CO 80220  
Phone: 303-322-7296 FAX: 303-333-1276  
Email: info@montviewpreschool.org

## EMERGENCY CONTACT FORM

**Please fill out BOTH sides of this form.**

Student Name: \_\_\_\_\_ Class Days: \_\_\_\_\_ AM/PM (circle)  
Date of Birth: \_\_\_\_\_ Teacher Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Allergies, Chronic Illnesses, Special Needs: \_\_\_\_\_  
\_\_\_\_\_

**Please be specific for the following required information. In case of illness, an accident, or an emergency, it is necessary for the school to know your preferences for the care of your child.**

### Primary Parent/Guardian:

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Other phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Employment Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

### Parent/Guardian:

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Other phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Employment Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

**Instructions on how parents/guardians may be reached during the hours my child is in school:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION MUST BE FILLED IN COMPLETELY. If you have no known caregiver write NONE in the space provided.**

PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

DENTIST: \_\_\_\_\_ Phone: \_\_\_\_\_

DENTIST ADDRESS: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_ Phone: \_\_\_\_\_

HOSPITAL ADDRESS: \_\_\_\_\_

Continued: **EMERGENCY CONTACT FORM**

**Emergency contacts assume responsibility (including authorization for pick up) for your child in the event parents or guardians cannot be reached. At least one contact must be within 20 minutes of the school. If these contacts are unknown to our staff, they must present a photo ID.**

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**In addition to the above, the following adults (16 years of age or older) have my permission to pick up my child from school. If these contacts are unknown to our staff, they must present a photo ID.**

**Authorized Adult:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorized Adult:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorized Adult:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\* \* \* \* \*

**Authorization for emergency medical care and transportation:**

In the event of an emergency, I hereby give my permission for Montview Community Preschool & Kindergarten staff to access emergency medical services for my child or children, including transport to the nearest health care facility to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

\_\_\_\_\_  
**Primary parent/guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature\***

\_\_\_\_\_  
**Date**

\* Two signatures are required if parents are in separate households.