

**McCormick Montessori Child Care Center  
EMERGENCY CARE**

In the event that your child should need emergency care while under the supervision of the Child Care Center, please provide the names, addresses, and phone numbers of three individuals (besides the parents) who we may contact. These individuals must also be able to pick up the child.

1. \_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Relationship

2. \_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Relationship

3. \_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Relationship

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My health insurance policy is with: \_\_\_\_\_

My health insurance policy number is: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In case of emergency, do we have your permission to take your child to the Emergency Room?

In case of emergency, do we have your permission to contact your doctor or dentist?

Does your child have any allergies?: \_\_\_\_\_

Are there any foods that your child is not permitted to eat? Please list:

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date