



Kennedy Montessori School,
7781 Kennedy Road,
Markham, Ontario,
L3R 2C8

EMERGENCY INFORMATION

Child's name in full _____ Boy ____ Girl ____

Address: _____

Postal Code: _____ Home Telephone #: _____

Child's date of birth: _____
(month/day/year)

Father's name _____ Business telephone: _____

Work Address _____

Home Address (If different from above) _____

Home Telephone (If different from above) _____ Cell # _____

Mother's name: _____ Business telephone: _____

Work Address _____

Home Address (If different from above) _____

Home Telephone (If different from above) _____ Cell # _____

Name of a relative, neighbour, or baby-sitter who can be notified if you cannot be reached in an emergency:

Name: _____ Telephone: _____

Address: _____

To maximize the safety of the children, we require that students are delivered to their classroom and that there is a responsible person to collect them at the end of the class. Please indicate the names of anyone who has permission to collect your child(ren) from school. _____

In case of illness or accident, and if I cannot be reached by telephone, I hereby authorize a staff member to have my child taken to:

Doctor's name: _____ Telephone: _____

Address: _____

Should this not be possible, the school has my permission to take my child to the nearest medical facility by ambulance.

Please indicate below if your child has any health conditions such as asthma, allergies, epilepsy, hemophilia or a reaction to any drugs.

Your child's Health Card # _____

I hereby acknowledge that I have received and read the Parent Handbook and that I understand the school policies and procedures.

Today's date: _____ Parent's signature: _____