

# Emergency Information

Today's Date \_\_\_\_\_

**Southern Montessori Academy**  
**1140 Shannon Avenue**  
**Savannah, GA 31406**  
**(912) 355-5636**

Teacher \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Phone #  
Work: \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone #  
Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(local person)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(local person)

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Siblings & Ages: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School/Programs attending: \_\_\_\_\_

Pick-up Authorization: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_