



Rising to Stardom with Education

Rising Star Montessori Academy

440 East Lanier Avenue

Fayetteville, GA 30214

Phone: 770-461-1595

Fax: 770-629-1634

office@risingstarmontessorischool.com

www.RisingStarMontessori.com

Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

(Please complete a separate form for each child)

Parent's Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

(Street)

(City)

(Zip)

Mother's Home Phone \_\_\_\_\_ Father's Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Medical Facility Rising Star Montessori Uses: Piedmont Fayette Community Hospital

Address: 1255 Highway 54 West, Fayetteville, GA 30214

Child's Allergies \_\_\_\_\_

Current Medication (Prescribed and OTC, include dosage): \_\_\_\_\_

Child's special medical needs and conditions: \_\_\_\_\_

In the event of an emergency involving my child, and if Rising Star Montessori cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name (Print) \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_