



Montessori
School of Fort Worth

Emergency Information & Release Authorization

Please print this important information.

Child's Name

Classroom

Father's Name

Mother's Name

Father's Home Phone Number

Mother's Home Phone Number

Father's Work Phone Number

Mother's Work Telephone Number

Father's Cell Phone Number

Mother's Cell Phone Number

_____ May we send text messages? Yes/No
Cellular Provider

_____ May we send text messages? Yes/No
Cellular Provider

Father's Email Address

Mother's Email Address

Release of Child

In the event of an emergency where neither parent/guardian is able to pick up my child, I hereby authorize that my child may be released to the following named person(s) (at least one is required). It is understood that these individuals may also pick up my child at other times. I understand that the people listed below are the only individuals to whom my child may be released without my written consent. I further acknowledge that this is done for the safety and welfare of my child. Additional contacts can be written on the back of the page.

Contact 1 Name

Contact 2 Name

Relationship to Child

Relationship to Child

Driver's License Number and State

Driver's License Number and State

Contact 1 Phone Number

Contact 2 Phone Number

I understand that my child is to be brought to the school and left in the presence of a MSFW faculty member. Children will be released to a parent or designated person only after verification of ID. I understand that it is my responsibility to inform the school in writing of changes.

MONTESSORI SCHOOL OF FORT WORTH IS AUTHORIZED TO TAKE THIS CHILD FOR EMERGENCY MEDICAL TREATMENT IN THE EVENT THE PARENTS OR DOCTOR ON HEALTH FORM CANNOT BE REACHED.

Signature of Parent

Print Name

Date

Please bring any changes in the above information immediately to the attention of the school office.