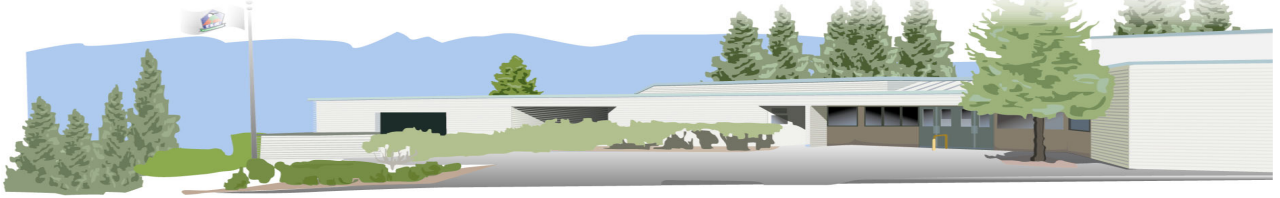




# EAGLE RIDGE MONTESSORI SCHOOL



~Striving for excellence while guiding children on the path towards independence and responsibility.~

2541 Quay Place, Coquitlam, B.C. V3H 3S7

Phone: 604-469-9166

Fax: 604-469-9168

Website: [www.eagleridgemonessori.com](http://www.eagleridgemonessori.com)

Email: [info@ermontessori.com](mailto:info@ermontessori.com)

## EMERGENCY CONTACTS

**To: Eagle Ridge Montessori School**

**EMERGENCY CONTACTS FOR:**

\_\_\_\_\_ (CHILD'S NAME)

Should the school be unable to contact the undersigned parent or guardian in the event of an emergency, we request that one of the two people below be contacted:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_

## **HOSPITAL RELEASE:**

In a medical emergency, I authorize the school to obtain medical treatment for my child, including routine tests, x-rays, hospitalization, injections, anesthesia or surgery.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
Date

Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Hospital used by physician: \_\_\_\_\_

Hospital Phone #: \_\_\_\_\_

If we are unable to take your child to your physician we will accompany him/her to Eagle Ridge Hospital and inform you accordingly.

Child's Medical Insurance Number: \_\_\_\_\_