



**Five Oaks Academy**  
A Montessori School

## Emergency Contacts Form

Children will be released only to a parent or to a person designated by the parents. Driver's license numbers must be supplied for each designated person, including parents. List individuals that may pick up your child (in order of importance) or who may be called in case of an emergency.

**Student Name:** \_\_\_\_\_

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

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

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

If no one can be reached in case of an emergency, may we arrange for emergency care? \_\_\_\_\_ Yes \_\_\_\_\_ No

In the event you cannot be reached, please check the name of the person(s) above you may act as Guardian and has your permission to make decisions regarding your child's medical condition/needs.