



Student Emergency Information

Student's Information	Student's Last Name	Legal First Name	Nickname (as known to peers)	Student Birth Date
	Street Address	City	Zip Code	Home Phone Number
	Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint Physical Custody <input type="checkbox"/> Other: _____			
	Court Order Prohibits Release of Child to: _____ <small>(Note: Copy must be on file at school)</small>			
Primary Guardian 1	Primary Guardian 1: Relationship (Identify if Mother or Father) _____ <input type="checkbox"/> Check here if same address as child			
	Primary 1: Last Name	First Name	Place of Employment	Daytime Phone (Work)
	Primary 1: Cell Phone	Home Phone (if different from child)	Email address	
	Primary 1: Home Address (if different from child)	City	State	Zipcode
Primary Guardian 2	Primary Guardian 2: Relationship (Identify if Mother or Father) _____ <input type="checkbox"/> Check here if same address as child			
	Primary 1: Last Name	First Name	Place of Employment	Daytime Phone (Work)
	Primary 1: Cell Phone	Home Phone (if different from child)	Email address	
	Primary 1: Home Address (if different from child)	City	State	Zipcode
Primary Guardian 3 (if applicable)	Primary Guardian 3: Any other <u>adult where the child resides</u> (if applicable), who is also responsible for the student (i.e. step-parent) Relationship (Identify if Step-Mother or Step-Father or Nanny): _____			
	Last Name	First Name	Cell Phone	Email
Primary Guardian 4 (if applicable)	Primary Guardian 4: Any other <u>adult where the child resides</u> (if applicable), who is also responsible for the student (i.e. step-parent) Relationship (Identify if Step-Mother or Step-Father or Nanny): _____			
	Last Name	First Name	Cell Phone	Email
Release Information	In an emergency, if the parent/guardian listed above is unavailable, please list three persons to whom may your child be released.			
	Relationship	Name	Cell Number	Home Number
	Relationship	Name	Cell Number	Home Number
	Relationship	Name	Cell Number	Home Number

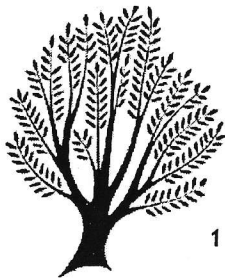
(PLEASE COMPLETE OTHER SIDE)

Medical Information	Physician's Name: _____ Phone Number: _____
	Allergies: _____
	Medical conditions and/or medicines of which we should be aware: _____
	Medication needed during school hours (Prescription and Over-the-Counter): _____

Please keep this information current. Contact the school office to report any changes.

Thank you!

(PLEASE COMPLETE OTHER SIDE)



Casa Montessori, Inc.

17633 Lassen Street • Northridge, CA 91325

Dear Parents,

Earthquake and emergency preparedness is a must. Each student at Casa Montessori is required to own an Earthquake Survival Kit. Kits may be purchased elsewhere, but we are suggesting "The Basic Life Pack" from Farsight International to supply the most complete kit. An important feature is a crush resistant box. The cost is \$35.00. Please have exact cash or a check when ordering.

The food and water is U.S. Coast Guard approved and has a shelf-life of five (5) years. There is enough water for four and a half (4 1/2) days and the food provides 3600 calories plus vitamins and is enough to supply for 3 days. Each kit also includes a solar blanket, a twelve (12) hour non-flammable, non-toxic light stick and a fifteen (15) piece first aid packet.

These kits are required.

A sample of the kit is available in the school office.

Sincerely,

Consuelo Valera

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Principal