

CONSENT FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

Child's Name: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First Middle Last </div>	Birth date: - -
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Parent/person to be notified in case of emergency:		
	Work Phone: () -	Home Phone: () -

Alternate parent/person in case above cannot be reached:		
	Work Phone: () -	Home Phone: () -

Employer:	
Medical Insurer:	Child's Physician:
Group Number:	Address:
Child's Membership Number:	
Last DP/Tetanus immunization: / / month/year	Phone : () -

Drug allergies:
Food restrictions/allergies/preferences:
Chronic diseases or other health problems:
Hospital of Choice:

Montessori in Motion

Please complete reverse

CONSENT FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

Child's Name: _____

First
Middle
Last

I hereby grant permission to *Montessori in Motion* to seek medical attention for my child (named above) in the event such treatment is deemed necessary, and I am unable to be contacted. I understand that every effort will be made to contact me before any treatment is administered to my child. I understand that emergency first aid will be administered on the site. In the event my child is injured or becomes seriously ill and the parents or other authorized persons cannot be reached, *Montessori in Motion* will take appropriate emergency measures including transporting my child to the nearest emergency hospital.

I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatments, tests, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable during his/her stay in the hospital. In the event any such treatment is not covered by *Montessori in Motion's* insurance, I will pay the expenses incurred in such emergency treatment.

Signature of parent or legal guardian _____ Dated: _____, 20____

Address: _____ ----- -----
City: _____ State: _____ Zip: _____
Home Phone: () -
Work Phone: () -

Montessori in Motion
 7323 - 27th Street W
 University Place, WA 98466-4605
 (253) 565-3080

Please complete reverse