

FOREST HILLS MONTESSORI SCHOOL

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize Forest Hills Montessori School staff who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____ Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

1. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No _____

2. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No _____

3. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No _____

Insurance Coverage:	Policy #:	
Parent Name:	Phone(w)	Phone (h)
Phone (c)		
Parent Name:	Phone(w)	Phone (h)
Phone (c)		

Parent/Guardian Signature & Date

