

Mt.Tahoma Montessori School

31015 Military Road South, Auburn, WA 98001

Consent for Medical Care and Treatment of Minor Children

- 1) I hereby give permission for my child, _____, to be given emergency first aid and CPR by a qualified staff member at Mt. Tahoma Montessori School.
- 2) I also give my permission for my child to be transported by ambulance or aid car to an emergency center.
- 3) I further authorize and consent to medical, surgical and hospital care.
- 4) I waiver my right of informed consent to such treatment when I cannot be reached.
- 5) A licensed physician will perform necessary procedures to safeguard my child's health.
- 6) I certify (or declare) under penalty or perjury under the laws of the State of Washington that the fore mentioned is true and correct.

Signature of parent or legal guardian

Date

=====

Child's Emergency Information

Child's Name

Child's Primary Address

Child's Date of Birth

City State Zip

Mother's Name

Is this the address for Mother, Father, or Both?

Mother's Home Phone

Physician's Name & Phone

Mother's Cell Phone

Physician's Address

Mother's Work Phone

Dentist's Name & Phone

Mother's Employer

Dentist's Address

Father's Name

Child's Medical History

Date of Last Physical Exam: _____

Father's Home Phone

Medical Conditions (including allergies): _____

Father's Cell Phone

Father's Work Phone

Father's Employer

Regular Medication: _____

**must complete both sides*

All persons listed below are authorized to pick up:

Your child's name

Signature of parent or legal guardian

Date

=====

Emergency Contacts – other than parents

Emergency contacts will be used when the child needs to be picked up and the parent(s) cannot be reached. They also have the parent's permission to pick-up the child at shuttle or extended care. **All emergency contacts are subject to an ID check** until the person is recognizable by the teacher releasing the child.

Contact Name

Address

Relationship to child

Primary Phone

Alternate Phone

Contact Name

Address

Relationship to child

Primary Phone

Alternate Phone

Contact Name

Address

Relationship to child

Primary Phone

Alternate Phone

Contact Name

Address

Relationship to child

Primary Phone

Alternate Phone

Contact Name

Address

Relationship to child

Primary Phone

Alternate Phone