

# Discover Montessori Preschool

## Medical Emergency Form

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### Alternate Contacts with Pickup Authorization When the Child is in the care of DMP

1. Name(s) \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Additional # \_\_\_\_\_

2. Name(s) \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Additional # \_\_\_\_\_

### Health Information (please include Immunization and any additional information separately)

Child's Full Name: \_\_\_\_\_ Immunization Status Up-to-date Yes \_\_\_\_\_ No \_\_\_\_\_

Birthday: \_\_\_\_\_ Health Card # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Health/Food Allergies/Allergic Reactions and Special Instructions: \_\_\_\_\_

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## Consent

It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.

- 1) Please sign the consent below so that we can take the appropriate action on behalf of your child. We will take this consent with us to the emergency center.
- 2) I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency center when I cannot be contacted.
- 3) I hereby give consent for my child name above to receive medical treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Discover Montessori Directress

**Office Use Only**

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