



FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM
102 CMR 7.09(3)

Child's Name: _____ Date of Birth: _____

I authorize staff at the Sunrise Montessori School 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 Known 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 _____

Health Insurance Coverage: _____ Policy #: _____
Parent(s) Name: _____ Phone(w) _____ Phone (h) _____
Parent(s) Name: _____ Phone(w) _____ Phone (h) _____

Parent/Guardian signature

Date (valid for one year)