

GLOBAL MONTESSORI ACADEMY

Emergency Care Information



EMERGENCY CARE INFORMATION

Name of child's doctor _____

Office Phone _____

Address _____

Name of child's dentist _____

Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship) Contact numbers should be local residents only:

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator _____ Date _____