

Heartwood Montessori School
Emergency Care Information 2018-19

Date _____

Name of child _____ Birth date _____

Mother's name _____ Home phone _____ Work phone _____

Mother's Cell _____ Mother's email _____

Father's name _____ Home phone _____ Work phone _____

Father's Cell _____ Father's email _____

Home Address _____

Known allergies _____

Other health information _____

Child's doctor _____ Office ph. _____ Office address _____

Child's dentist _____ Office ph. _____ Office address _____

Hospital preference (MUST specify) _____

If neither parent (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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.

By signing or checking this box, I certify that I _____
have read and understood the above agreement. Parent's signature Date

Authorized persons to whom your child may be released:

Name _____ Relationship _____

Name _____ Relationship _____

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 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.

Operator's signature Susan Daniel