



# Marlboro Montessori Academy

## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Child's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION:

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Child is Taking: \_\_\_\_\_

Medicines Child is Allergic To: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

### CHILD'S INSURANCE:

Company/HMO: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

I (we) state that we are the parents/guardians having legal custody of the above child and attest that the above information is correct. I (we) authorize the Marlboro Montessori Academy's Director or Director Designee to obtain emergency treatment for my child. I consent to an x-ray or MRI examination, anesthetic, medical or surgical diagnosis or treatment or any other medical procedure deemed necessary by the treating medical facility and for care to be rendered to above child at a recognized Medical facility, under the general or special supervision of a licensed Physician or Surgeon.

### THE FOLLOWING STEPS WILL BE FOLLOWED IN AN EMERGENCY:

1. Emergency Care will be contacted. (911)
2. The Parent/Guardian will be contacted.
3. The Child's Physician will be contacted, or an alternate Physician should the Child's Physician be unavailable.
4. We will attempt to contact you through the Alternate Emergency contact information you provided.
5. In the event we cannot contact you or your designated emergency contacts, our staff will accompany your child to the medical facility, if necessary, and as directed by the appropriate first responders.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_