



Eastgate Montessori Garden

Child's Name _____

PORTABLE EMERGENCY CONSENT

Child's Name _____ Birth Date _____

Child's Physician _____ Location _____

Physician's Phone _____ Date of Last Exam (mm/dd/yyyy) _____

Child's Dentist _____ Location _____

Dentist's Phone _____ Date of Last Dental Exam (mm/dd/yyyy) _____

Is child on medication? Yes No List Medications, dosage, frequency _____

Allergies/Reaction/Treatment* _____

Special Dietary Requirements/Food Restrictions _____

Serious Illnesses, Accidents or Surgeries (give dates) _____

Specific Health Problems _____

PARENTS CONTACT INFORMATION

MOTHER

Name _____

Day Phone _____

Cell Phone _____

Home Phone _____

Address _____

Authorized to Pickup Child: YES NO _____

FATHER

Name _____

Day Phone _____

Cell Phone _____

Home Phone _____

Address _____

Authorized to Pickup Child: YES NO

AUTHORIZATION TO PICKUP CHILD

Please list the additional people authorized to pick up your child from Eyas Global Montessori:

Name _____

Phone _____

Relationship to Child _____

Name _____

Phone _____

Relationship to Child _____

Name _____

Phone _____

Relationship to Child _____

Name _____

Phone _____

Relationship to Child _____

Name _____

Phone _____

Relationship to Child _____

Name _____

Phone _____

Relationship to Child _____

Please complete the back side of this document.

Primary Insurance Company Name _____

Policy Number _____

Policy Holder Name _____

Employer Name _____

Secondary Insurance Company Name _____

Policy Number _____

Policy Holder Name _____

Employer Name _____

TWO LOCAL EMERGENCY CONTACTS (other than parents)

Name _____

Phone _____

Relationship to Child _____

Authorized to Pickup Child: YES NO

Name _____

Phone _____

Relationship to child _____

Authorized to Pickup Child: YES NO

OUT OF STATE EMERGENCY CONTACT

Name _____

Phone _____

Area _____

Relationship to Child _____

Authorized to Pickup Child: YES NO

*Children with allergies are required to have a completed and signed Report of Food Allergy from their Healthcare Provider. For all other medical conditions a Health Care Plan is required completed and signed by your health care provider. Parents must supply their child's snacks when allergies exist.

CONSENT FOR TREATMENT

I hereby give permission that my child,

 may be given emergency treatment by a qualified staff member of Eastgate Montessori GArden. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Preferred Hospital _____

Signature _____

Today's Date _____