



South County Montessori School, Inc.

Emergency Treatment – Parent's Authorization

In consideration, I _____ (parent/guardian) hereby authorize South County Montessori School to arrange for emergency medical care for my child _____ (name) should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at any of the emergency numbers I have provided before any medical action is taken. The school has my permission to take my child to the nearest medical treatment center in the event of an emergency.

Parent's / Guardian's signature _____

Home address _____

Home phone _____

Business phone _____

Insurance coverage (include company name and policy number) _____

