



## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements, I hereby authorize the Staff of Raintree Montessori School to give consent for any and all necessary emergency medical care for my child

while said child is in the custody of Raintree Montessori School (License #0000504 and #0057278).

The child's Health Assessment Record may be made available to the Emergency Room Staff.

**This form does not expire. This form is renewed annually.**

### ATTENTION! THE FOLLOWING INFORMATION REQUIRES NOTARIZATION

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed. Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

(seal)

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary Public \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Lawrence Memorial Hospital (nearest ER) \_\_\_\_\_

### COMPLETE INFORMATION REGARDING HEALTH CARE INSURANCE, IF APPLICABLE.

Health Insurance Policy Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_

Military Medical Care I.D. Number \_\_\_\_\_

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.