



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.