➤ Attach COPY of Insurance Card ➤

Community Montessori School

2016-2017 AUTHORIZATION for EMERGENCY MEDICAL TREATMENT

Student's Full Name_____ **Birth Date** _____

Home Address _____

City/State/Zip_____ HOME PH. (_____)_____

Mother's Name: _____ Father's Name: _____

Mother's Cell Ph. (_____)_____ Father's Cell Ph. (_____)_____

Mother's Work Ph. (_____)_____ Father's Work Ph. (_____)_____

Health Insurance? N Y Name of Health Insurance _____

Policy/Member Number _____ **Group Number** _____

*MEDICAL ALERT INFORMATION

NOTE: The information provided on this form is considered confidential and will only be provided to non-CMS staff in the event of a medical emergency.

ALLERGIES: N Y *Describe:* _____

_____

EPI-PEN: N Y GLASSES/CONTACTS: N Y OTHER:_____

PRESCRIPTION MEDICATIONS: N Y *List (name & strength):*_____

_____

FOOD RESTRICTIONS: N Y *List:*_____

_____

If my child *(first & last name)* _____, should become ill or injured at Community Montessori School, I understand that the facility will 1) Contact a parent immediately and 2) Contact the following person(s) if a parent cannot be reached:

Alternate Contact Name: _____ Phone (_____)_____Relationship_____

Alternate Contact Name: _____ Phone (_____)_____Relationship_____

If the facility is unable to reach me and/or the persons designated above, the facility is authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I agree to be financially responsible for emergency medical payments due to services rendered to my child in case of illness or injury.

Preferred Physician: _____ Preferred Hospital: _____ Office Phone (_____)_____ After Hours (_____)_____

►►►**MUST SIGN IN PRESENCE OF NOTARY!**

Signature: _____ Signature: _____

Relationship: _____ Relationship: _____

To Be Completed by Notary

State of Florida, County of Hillsborough

The foregoing instrument was acknowledged before me this _____ day of _____, 2017

by _____, who is personally known to me

or who has produced _____ as identification.

Notary Seal

_____

Notary Public