

Mt. Tahoma Montessori School

31015 Military Road South, Auburn, WA 98001

Consent for Medical Care and Treatment of Minor Children

- 1) I hereby give permission for my child, _____, to be given emergency first aid and CPR by a qualified staff member at Mt. Tahoma Montessori School.
- 2) I also give my permission for my child to be transported by ambulance or aid car to an emergency center.
- 3) I further authorize and consent to medical, surgical and hospital care.
- 4) I waiver my right of informed consent to such treatment when I cannot be reached.
- 5) A licensed physician will perform necessary procedures to safeguard my child's health.
- 6) I certify (or declare) under penalty or perjury under the laws of the State of Washington that the fore mentioned is true and correct.

Signature of parent or legal guardian

Date

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Child's Emergency Information

Child's Name

Child's Primary Address

Child's Date of Birth

City

State

Zip

Mother's Name

Is this the address for Mother, Father, or Both?

Mother's Home Phone

Physician's Name & Phone

Mother's Cell Phone

Physician's Address

Mother's Work Phone

Dentist's Name & Phone

Mother's Employer

Dentist's Address

Father's Name

Child's Medical History

Date of Last Physical Exam: _____

Medical Conditions (including allergies): _____

Father's Home Phone

Father's Cell Phone

Father's Work Phone

Regular Medication: _____

Father's Employer

**must complete both sides*