## Mt. Tahoma Montessori School 31015 Military road South Auburn WA 98001 Consent for medical care and treatment of a minor children

<ul> <li>1) I hereby give permission for my child,</li></ul>	ntessori School. Insported by amb gical and hospito Freatment when I edures to safegua	ulance or aid car to o al care. I cannot be reached. ard my child's health.	an emergency center.
Parent signature		 Date	
Child's name	Child's primary address		
Child's date of birth	City	state	zip
Mother's name	Physician's name		
Mother's cell number	Physician's number		
Mother's work number	Physician's address		
Mother's employer	Dentist's name		
Father's name	Dentist's number		
Father's cell number	Dentist's address		
Father's work number	Date of last physical exam		
Regular medication	Medical cor	rditions including o	ullergies

authorized to pick up:  Your child's name		
	your orticals rearrie	
egal guardian		
other than parents		
rmission to pick-up the child at	cked up and the parent(s) cannot be reached shuttle or extended care. All emergency zable by the teacher releasing the child.	
 Address		
Primary Phone	Alternate Phone	
Address		
Primary Phone	Alternate Phone	
Address		
Primary Phone	Alternate Phone	
 Address		
Primary Phone	Alternate Phone	
	Address  Primary Phone  Address  Primary Phone  Address  Address  Address  Address  Address	

Primary Phone

Alternate Phone

Relationship to child