

Attach COPY of Insurance Card

Community Montessori School Classroom Visit 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. (____) _____

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 _____, 20____

by _____, who is personally known to me

or who has produced _____ as identification.

Notary Seal

Notary Public