MONTESSORI COTTAGE

www.montessoricottage.com

PERMISSION FOR HEALTHCARE

Child's Name _____ Date of Birth _____

Child's Physician _____ Phone _____

First Aid

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature _____ Date _____

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and/or an available physician and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature _____ Date _____

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Signature _____ Date _____

Bee Sting

I give permission for my child to receive a dose of Benadryl, if needed, in the event of a bee sting.

Signature _____ Date _____